

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-04-2008 90106 013 ***138.75

DOCUMENT # L06000021017	
1. Entity Name SOURCELINE, LLC	

Principal Place of Business 3522 THOMASVILLE RD. STE 200 TALLAHASSEE FL 32309-3488	Mailing Address 3522 THOMASVILLE RD. STE 200 TALLAHASSEE FL 32309-3488
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2. Principal Place of Business - No P.O. Box # 1901 Commonwealth Lane	3. Mailing Address 1901 Commonwealth Lane
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Tallahassee, FL	City & State Tallahassee, FL
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Zip 32303	Country US	Zip 32303	Country US
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4. FEI Number 01-0860590	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GUERETTE, STEPHANE O 3522 THOMASVILLE RD. STE 200 TALLAHASSEE FL 32309-3488

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

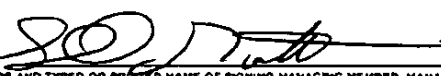
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	DATE
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERETTE, STEPHANE O 3522 THOMASVILLE RD. STE 200 TALLAHASSEE FL 32309-3488 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE: 	DATE	Daytime Phone #
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