

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000083885

FILED
Mar 20, 2009
Secretary of State

Entity Name: PRIME SOURCE MARKETING, LLC

Current Principal Place of Business:

6900 PHILLIPS HWY BLDG 3 STE 7
JACKSONVILLE, FL 322166057

New Principal Place of Business:

Current Mailing Address:

6900 PHILLIPS HWY BLDG 3 STE 7
JACKSONVILLE, FL 322166057

New Mailing Address:

FEI Number: 20-2212938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, ALVARO
391 ST JOHNS GOLF DRIVE
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSSILLO, CARMINE
Address: 6900 PHILLIPS HWY BLDG 3 STE 7
City-St-Zip: JACKSONVILLE, FL 322166057

Title: MGRM () Delete
Name: RESTREPO, ALVARO
Address: 6900 PHILLIPS HWY BLDG 3 STE 7
City-St-Zip: JACKSONVILLE, FL 322166057

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: PRIME SOURCE MARKETI, NG LLC
Address: 6900 PHILLIPS HIGHWAY SUTIE #7
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: CARMINE ROSSILLO

PRES

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date