2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000107861

1. Entity Name
ASSURED SOURCE NATIONAL, LLC

FILED
07 SEP 17 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
50 WEST BIG BEAVER, STE. 245 TROY, MI 48084	50 WEST BIG BEAVER, STE. 245 TROY, MI 48084

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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

09142007 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
350 E. LAS OLAS BLVD., STE. 1600
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: CorpDirect Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue
City: Tallahassee, Florida 32301 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 ____________ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by September 14, 2007

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Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: Corporation NAME: Assured Source, Inc. STREET ADDRESS: 50 W. Big Beaver Rd., Ste 245 CITY-ST-ZIP: Troy, MI 48084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000109890770 09/25/07--01027--025 **50.00	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE: James A. D'Iorio 9/17/07 248-786-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #