FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90053 031 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000013497

1. Entity Name:
FLORIDA COMMERCIAL SOURCE LLC

600016000

01072008 Chg-LLC CR2E083 (12/06)

Principal Place of Business: ~~1515 RINGLING BLVD., SUITE #880 SARASOTA, FL 34236~~

Mailing Address: ~~1515 RINGLING BLVD., SUITE #880 SARASOTA, FL 34236~~

2. Principal Place of Business (No P.O. Box #): 1626 Ringling Blvd., Suite 500, Sarasota, FL, Zip 34286, Country USA

3. Mailing Address: 1626 Ringling Blvd, Suite 500, Sarasota, FL, Zip 34286, Country USA

4. FEI Number 20-8513745 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~NRAI SERVICES, INC.~~
~~2731 EXECUTIVE PARK DRIVE, SUITE 4~~
~~WESTON, FL 33331~~

7. Name and Address of New Registered Agent

Name: R & A Agents, Inc. c/o David P. Barker, Esq.
Street Address (P.O. Box Number is Not Acceptable): 420 S. Orange Ave., CNL Tower II, 7th Floor
City: Orlando FL Zip Code 32801

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	~~P~~ ~~MENKE, W. TODD~~ ~~1515 RINGLING BLVD., SUITE #880~~ ~~SARASOTA, FL 34236~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST Jason Sepanski 1626 Ringling Blvd., Suite 500 Sarasota, FL 34236	☒ 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: [signature] 1/11/08 941-953-2927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #