

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000089104

FILED
Dec 11, 2008
Secretary of State

Entity Name: 1 SOURCE BUSINESS GROUP LLC

Current Principal Place of Business:

1060 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

3091 S.W. SEGOVIA ST.
PORT ST. LUCIE, FL 34953

Current Mailing Address:

1060 S.E. PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

New Mailing Address:

P.O. BOX 8195
PORT ST. LUCIE, FL 34985

FEI Number: 33-1190096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FUNCKE, ROLAND A
1060 S. E. PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

FUNCKE, ROLAND A
858 S. E. CAVERN AVE.
PORT ST. LUCIE, FL 34983 US

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: ROLAND FUNCKE

12/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LATORTURE, EVENS F
Address: 2597 S.W. WARWICK ST.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGR () Delete
Name: DE DAYE, WILNER
Address: 3091 S.W. SEGOVIA ST.
City-St-Zip: PORT ST. LUCIE, FL 34953 44

Title: MGR () Delete
Name: DIMANCHE, LEON P
Address: 491 S.E. DALVA AVE.
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGR () Delete
Name: DIMANCHE, JEAN
Address: 6425 N.W. FRIENDLY CRCL.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: MGR () Delete
Name: FUNCKE, ROLAND A
Address: 858 S. E. CAVERN AVE.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES:

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

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

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

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

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

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: ROLAND FUNCKE

MGR.

12/11/2008

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