

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000008648

FILED
Mar 21, 2009
Secretary of State

Entity Name: SOURCES OF SUCCESS, LLC

Current Principal Place of Business:

288 ISLAND GREEN DR.
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

288 ISLAND GREEN DR.
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 26-1813390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ACTON, NORMA O
288 ISLAND GREEN DR.
ST. AUGUSTINE, FL FL 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: ACTON, NORMA O
Address: 288 ISLAND GREEN DR.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM (X) Delete
Name: ACTON, BRIAN L
Address: 12452 CRAYSIDE LANE
City-St-Zip: SARATOGA, CA 95070

Title: MGR (X) Delete
Name: ACTON, MICHAEL D JR.
Address: 5050 LAKESHORE DR. #506S
City-St-Zip: CHICAGO, IL 60615

Title: MGR (X) Delete
Name: CLAXTON, RICHARD L JR.
Address: 2616 45TH ST.
City-St-Zip: MOLINE, IL 61265

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:

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: NORMA O. ACTON

MGMR

03/21/2009

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