

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008648

**FILED**  
**Mar 29, 2010**  
**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  
**Name:** ACTON, NORMA O  
**Address:** 288 ISLAND GREEN DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

**Title:** MBM  
**Name:** ACTON, BRIAN L  
**Address:** 50 TOWNE CIRCLE  
**City-St-Zip:** MOUNTAIN VIEW, CA 94040

I hereby 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

MGRM

03/29/2010

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