2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014830

Entity Name: LEGAL ONESOURCE, LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1616 JORK ROAD 1616 JORK ROAD SUITE 101 SUITE 203

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

1616 JORK ROAD 1616 JORK ROAD

SUITE 101 SUITE 203

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINDT, GENA N NOLAN, STEFANI K 1616 JORK ROAD 1616 JORK ROAD SUITE 101 SUITE 203

JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32207 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: STEFANI K. NOLAN 04/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition NOLAN, STEFANI K NOLAN, STEFANI K Name: Name: Address: 1616 JORK ROAD, SUITE 101 Address: 1616 JORK ROAD, SUITE 203 City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32207

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: WINDT, GENA N

 Address:
 Address:
 1616 JORK ROAD, SUITE 203

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32207

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: STEFANI K. NOLAN MGR 04/14/2009