2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024574

Entity Name: POULSEN SOURCING, LLC

Current Principal Place of Business:

2801 NW 74TH AVE
170
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

808 BRICKELL KEY
STE 2206
MIAMI, FL 33131

New Mailing Address:

FEI Number: 26-2135394   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: **Name and Address of New Registered Agent:**

TRAN, LILY A
808 BRICKELL KEY
STE 2206
MIAMI, FL 33131 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: _____

                  Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title: MGR ( ) Delete	Title: MGR (X) Change ( ) Addition
Name: TRAN, LILLY A MRS	Name: TRAN, LILLY A MRS
Address: 2801 NW 74TH AVE, STE 170	Address: 2801 NW 74TH AVE, STE 170
City-St-Zip: MIAMI, FL 33122	City-St-Zip: MIAMI, FL 33122
Title: P ( ) Delete	Title: P (X) Change ( ) Addition
Name: TRAN, LILLY A	Name: TRAN, LILLY A
Address: 808 BRICKELL KWY - STE 2206	Address: 808 BRICKELL KWY - STE 2206
City-St-Zip: MIAMI, FL 33131	City-St-Zip: MIAMI, FL 33131

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: LILY A TRAN   MGR   06/15/2009
_____
          Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date