

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000048596

Entity Name: LABOR SOURCE, LLC

FILED
Oct 23, 2009
Secretary of State

Current Principal Place of Business:

20505 EAST COUNTRY CLUB DRIVE, UNIT 16-33
AVENTURA, FL 33180

New Principal Place of Business:

20505 EAST COUNTRY CLUB DRIVE
16-33
AVENTURA, FL 33180

Current Mailing Address:

20505 EAST COUNTRY CLUB DRIVE, UNIT 16-33
AVENTURA, FL 33180

New Mailing Address:

PO BOX 802021
AVENTURA, FL 33280

FEI Number: 26-2630063 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:

SOLER, ALBERTO
20505 EAST COUNTRY CLUB DRIVE, UNIT 16-33
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

SOLER, ALBERTO
20505 EAST COUNTRY CLUB DRIVE
16-33
AVENTURA, FL 33180 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: ALBERTO SOLER

10/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SOLER, ALBERTO
Address: 20505 EAST COUNTRY CLUB DRIVE, UNIT 16-33
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOLER, ALBERTO
Address: 20505 EAST COUNTRY CLUB DRIVE, 16-33
City-St-Zip: AVENTURA, FL 33180

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: ALBERTO SOLER

MR

10/23/2009

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