

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085502

FILED
Apr 30, 2009
Secretary of State

Entity Name: ONE SOURCE SCREENING SOLUTIONS, LLC

Current Principal Place of Business:

2101 VISTA PARKWAY, STE. 128
WEST PALM BEACH, FL 33411

New Principal Place of Business:

2101 VISTA PARKWAY
SUITE 128
WEST PALM BEACH, FL 33411

Current Mailing Address:

2101 VISTA PARKWAY, STE. 128
WEST PALM BEACH, FL 33411

New Mailing Address:

2101 VISTA PARKWAY
SUITE 128
WEST PALM BEACH, FL 33411

FEI Number: 26-3297265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRETT-RICHARD, LINDA
2101 VISTA PARKWAY, STE. 128
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

GARRETT-RICHARD, LINDA
2101 VISTA PARKWAY
SUITE 128
WEST PALM BEACH, FL 33411 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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARRETT-RICHARD, LINDA
Address: 8131 WOODSMUIR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM () Delete
Name: GARRETT, MELISSA L
Address: 8131 WOODSMUIR DRIVE
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

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: LINDA GARRETT-RICHARD

MGRM

04/30/2009

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