

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000526

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** TOPSOURCE FIELD SERVICES, LLC

**Current Principal Place of Business:**

6413 PINE CASTLE BLVD  
UNIT #2  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 530104  
ORLANDO, FL 32853

**New Mailing Address:**

**FEI Number:** 27-1596573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'MALLEY TREE SERVICE, LLC  
3615 EAST GRANT STREET  
ATTN CYNTHIA STEELE  
ORLANDO, FL 32812 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:** O'MALLEY, SHAWN W  
**Address:** PO BOX 530104  
**City-St-Zip:** ORLANDO, FL 32853

**Title:** MGRM  
**Name:** STEELE, CYNTHIA K  
**Address:** 3615 EAST GRANT STREET  
**City-St-Zip:** ORLANDO, FL 32812

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:** CYNTHIA STEELE

MGR

03/17/2011

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