2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009297

1. Entity Name

D'ASIGN SOURCE LLC

Principal Place of Business	Mailing Address

2. Principal Place of Business	3. Mailing Address
5800 Overseas Highway	5800 Overseas Highway
Suite, Apt. #, etc.: Suite 17	Suite, Apt. #, etc.: Suite 17
City & State: Marathon, FL	City & State: Marathon, FL
Zip: 33050 Country:	Zip: 33050 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0529929 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: D'Ascanio, Franco
	Street Address (P.O. Box Number is Not Acceptable): 5800 Overseas Highway Suite 17
	City: Marathon FL Zip Code: 33050

8. 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: _____ FRANCO D'ASCANIO, Secretary 4/27/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: P/MGR NAME: D'ASCANIO, ANTHONY STREET ADDRESS: 204 S. ANGLERS DR. CITY-ST-ZIP: MARATHON, FL 33050	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: V/MGR NAME: D'ASCANIO, AMEDEO STREET ADDRESS: 295 14TH ST. CITY-ST-ZIP: KEY COLONY BEACH, FL 33051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: S/T/MGR NAME: D'ASCANIO, FRANCO STREET ADDRESS: 431 2ND ST. CITY-ST-ZIP: KEY COLONY BEACH, FL 33051	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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CR2E083 (11/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ FRANCO D'ASCANIO, Secretary 4/27/00 305-743-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #