2001 UNIFORM BUSINESS REPORT (UBR)

000415 AF

DOCUMENT # L99000009297

1. Entity Name

D'ASIGN SOURCE LLC

FILED

01 FEB 22 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5800 OVERSEAS HIGHWAY. SUITE 17 MARATHON FL 33050	5800 OVERSEAS HIGHWAY. SUITE 17 MARATHON FL 33050

2. Principal Place of Business	3. Mailing Address
11500 Overseas Hwy	11500 Overseas Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon, FL	City & State: Marathon FL
Zip: 33050 Country: USA	Zip: 33050 Country: USA

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

D'ASCANIO, FRANCO L
5800 OVERSEAS HIGHWAY, SUITE 17
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 11500 Overseas Hwy

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR D'ASCANIO, ANTHONY 204 S. ANGLERS DR. MARATHON FL 33050	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR D'ASCANIO, AMEDEO 295 14TH ST. KEY COLONY BEACH FL 33051	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003768486---1 -02/26/01--01136--014 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR D'ASCANIO, FRANCO 431 2ND STREET KEY COLONY BEACH FL 33051	☐ 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 (11/00)

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: _____ 1-26-01 305-743-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #