

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90406 026 ***138.75

DOCUMENT # M00000001610

1. Entity Name
HBK SORCE FINANCIAL LLC



Principal Place of Business
3838 TAMiami TRAIL NORTH
STE 200
NAPLES, FL 34103

Mailing Address
7680 MARKET STREET
YOUNGSTOWN, OH 44512

DO NOT WRITE IN THIS SPACE



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
34-1925718

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAER, DAN E CPA
HILL, BARTH & KING LLC
3838 TAMiami TRAIL STE 200
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HILL, BARTH & KING FINANCIAL HOLDINGS LLC
STREET ADDRESS 7680 MARKET STREET
CITY-ST-ZIP YOUNGSTOWN, OH 44512

TITLE MGRM
NAME SORCE, CHRISTOPHER
STREET ADDRESS 235 W 6TH ST
CITY-ST-ZIP ERIE, PA 16507

TITLE MGRM
NAME SORCE, GREGORY
STREET ADDRESS 235 W 6TH ST
CITY-ST-ZIP ERIE, PA 16507

TITLE MGRM
NAME PICCIRILLO, DEAN
STREET ADDRESS 235 W 6TH ST
CITY-ST-ZIP ERIE, PA 16507

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-21-08 330-758-8613

Date

Daytime Phone #