


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90179 036 ****50.00

DOCUMENT # M00000002436		
1. Entity Name HBK SORCE INSURANCE LLC		

Principal Place of Business 7680 MARKET ST. YOUNGTOWN, OH 44512	Mailing Address 7680 MARKET ST. YOUNGTOWN, OH 44512
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2. Principal Place of Business - No P.O. Box # 3838 Tamiami Trail North		3. Mailing Address	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State	
Zip 34103	Country USA	Zip	Country

60015989



02122007 Chg-LLC CR2E083 (12/06)

4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
5. Name and Address of Current Registered Agent BAER, DAN E CPA HILL, BARTH & KING LLC, TRIANON CENTRE 377 TAMIAAMI, TRAIL NORTH, SUITE 700 NAPLES, FL 34103		
6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3838 Tamiami Trail North, Suite 200 City FL Zip Code		

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.

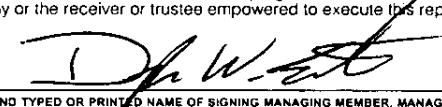
SIGNATURE  DATE 2-12-07

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

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HBK SORCE FINANCIAL LLC 7680 MARKET STREET YOUNGTOWN, OH 44512 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 2-12-07 330-758-8613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #