

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001002

Entity Name: EROSOURCE LLC

FILED
Jul 17, 2009
Secretary of State

Current Principal Place of Business:

3304 RIVIERA DRIVE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 290
KEY WEST, FL 33041

New Mailing Address:

3304 RIVIERA DRIVE
KEY WEST, FL 33040

FEI Number: 55-0817326 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITE, FRANK V III
3304 RIVIERA DRIVE
KEY WEST, FL 33040 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: MGR () Delete
Name: WHITE, FRANK V III
Address: P.O. BOX 290
City-St-Zip: KEY WEST, FL 33041 US

Title: MGR () Delete
Name: VALIGURA, ROMAN
Address: PO BOX 290
City-St-Zip: KEY WEST, FL 33041 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WHITE, FRANK V III
Address: 3304 RIVIERA DR.
City-St-Zip: KEY WEST, FL 33041 US

Title: MGR (X) Change () Addition
Name: VALIGURA, ROMAN
Address: 3304 RIVIERA DR.
City-St-Zip: KEY WEST, FL 33041 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANK V WHITE III

MGR

07/17/2009

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