


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M07000007000 1. Entity Name LG SOLID SOURCE, LLC	
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FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business 8009 W. OLIVE PEORIA, AZ 85345	Mailing Address 8009 W. OLIVE PEORIA, AZ 85345
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07112008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0797455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUTHER, DON
4556 SW LA PALOMA DR.
PALM CITY, FL 34990

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice:

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAILEY, JERRY L 8009 W. OLIVE PEORIA, AZ 85345
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORDEN, MICHEAL 22023 N. 20TH AVE. PHOENIX, AZ 85027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARK, S.B. 920 SYLVAN AVE. ENGLEWOOD CLIFFS, NJ 07632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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08/04/08-80002-015 138.75

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: *Lisa A. Piccione* Date: 7/21/08 Daytime Phone #: 623-776-7373

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