I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

, .													
above,	or c	n an	atta	chm	ent	with	all	othe	r lik	e en	npow	erec	d.

c SIGNATURE: DARLY JEAN

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	D	Title	D
Name	JEAN, DARLY P	Name	LOUIS, NUNDIA
Address	325 LAKE AMBERLEIGH DRIVE	Address	325 LAKE AMBERLEIGH DRIVE
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787

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	э.
SIGNATURE:	

325 LAKE AMBERLEIGH DRIVE

DOCUMENT# P13000085788

325 LAKE AMBERLEIGH DRIVE WINTER GARDEN, FL 34787

Current Mailing Address:

Current Principal Place of Business:

WINTER GARDEN, FL 34787

FEI Number: 46-4026248

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: LES SOURCES MULTISERVICES CORPORATION

FILED Apr 23, 2014 Secretary of State CC5186932065

Date

Certificate of Status Desired: No

DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

04/23/2014