

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1200000103

**Entity Name:** 1 SOURCE TOWERS, LLC

**Current Principal Place of Business:**

1936 OVERVIEW DRIVE  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

1936 OVERVIEW DRIVE  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 45-4250502

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name MANDEL, F. HOWARD  
Address 86 WEST STREET  
City-State-Zip: CHAGRIN FALLS OH 44022

Title MGR  
Name MILLUS, JEFFREY J  
Address 86 WEST STREET  
City-State-Zip: CHAGRIN FALLS OH 44022

Title MGR  
Name LEPENE, RYAN  
Address 86 WEST STREET  
City-State-Zip: CHAGRIN FALLS OH 44022

Title MGR  
Name LAPERNA, ROGER  
Address 1936 OVERVIEW DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR  
Name DEHNERT, JUSTIN  
Address 1936 OVERVIEW DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROGER V LAPERNA

**MANAGER**

**04/05/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date