

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90243 050 ****50.00

DOCUMENT # L01000006145

1. Entity Name

THE EMPLOYERS' ANSWER GROUP, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

535 Central Ave.

Suite, Apt. #, etc.

3. Mailing Address

5401 Central Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3719584

Applied For

☐ Not Applicable

Zip

33701

Country

Zip

33710

Country

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carol McAtee, CPA

Street Address (P.O. Box Number is Not Acceptable)

5401 Central Ave.

City

St. Petersburg

FL

Zip Code

33710

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

CAROL McAtee

DATE

3/19/02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE

D

NAME

August R. Curcio

STREET ADDRESS

2902 Wilderness Blvd. E.

CITY - ST - ZIP

Parrish, FL 34219

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

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

Date

Daytime Phone #

4/18/02

727-821-0911

CR2E083B (12/01)