

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000006145

1. Entity Name

THE EMPLOYERS' ANSWER GROUP, L.L.C.



Principal Place of Business

535 CENTRAL AVE
SAINT PETERSBURG, FL 33701

Mailing Address

5401 CENTRAL AVE
SAINT PETERSBURG, FL 33710



02162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3719584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCATEE, CAROL CPA
5401 CENTRAL AVE
SAINT PETERSBURG, FL 33710

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CURCIO, AUGUST R
2902 WILDERNESS BLVD E
PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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05/30/07-80048-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #