

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071878

**Entity Name:** LONGBOAT HR SERVICES, LLC

**Current Principal Place of Business:**

5950 HAZELTINE NATIONAL DR  
SUITE 520  
ORLANDO, FL 32822

**Current Mailing Address:**

5950 HAZELTINE NATIONAL DR  
SUITE 520  
ORLANDO, FL 32822 US

**FEI Number:** 27-0626349

**Certificate of Status Desired:** No

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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 DEAN, DIANNE H  
Address 5950 HAZELTINE NATIONAL DR SUITE 520  
City-State-Zip: ORLANDO FL 32822

Title MGR  
Name CORDES, ROBERT S  
Address 5950 HAZELTINE NATIONAL DR SUITE 520  
City-State-Zip: ORLANDO FL 32822

Title MGRM  
Name SEBASTIAN, JUDY F  
Address 5950 HAZELTINE NATIONAL DR SUITE 520  
City-State-Zip: ORLANDO FL 32822

Title MGR  
Name REMBERT, JUDITH  
Address 5950 HAZELTINE NATIONAL DR SUITE 520  
City-State-Zip: ORLANDO FL 32822

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT J CORDES

VICE PRESIDENT

01/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date