

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016317

FILED
Apr 26, 2005
Secretary of State

Entity Name: CORE EMPLOYER SERVICES, LLC

Current Principal Place of Business:

6161 9ST N.
204
SAINT PETERSBURG, FL 33703

Current Mailing Address:

6161 9ST N.
204
SAINT PETERSBURG, FL 33703

New Principal Place of Business:

8950 DR ML KING ST N.
#190
SAINT PETERSBURG, FL 33702

New Mailing Address:

8950 DR ML KING ST N.
#190
SAINT PETERSBURG, FL 33702

FEI Number: 59-3695962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAWLS, EDGAR O
6161 9 ST N
204
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

RAWLS, EDGAR O
8950 DR ML KING ST N.
#190
SAINT PETERSBURG, FL 33702 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:

04/26/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: IRWIN, IAN F
Address: 333 THIRD AVE N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM () Delete
Name: RAWLS, EDGAR O
Address: 6161 9 ST 204
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: RAWLS, EDGAR O
Address: 8950 DR ML KING ST N., #190
City-St-Zip: SAINT PETERSBURG, FL 33702

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: EDGAR O. RAWLS

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date