

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90051 020 ***150.00

DOCUMENT # L01000000493

1. Entity Name
MPS GROUP, LLC



Principal Place of Business
**ONE INDEPENDENT DR., STE. 2500
JACKSONVILLE, FL 32202**

Mailing Address
**ONE INDEPENDENT DR., STE. 2500
JACKSONVILLE, FL 32202**

24054331



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0619871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

Name

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

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WHITE, TIMOTHY D
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
CROUCH, ROBERT
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
CROUCH, ROBERT
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR President/CEO
PAYNE, TIMOTHY D
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROBINSON, GERALD
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP of Tax
ROBINSON, GERALD
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

Gerald Robinson

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

Date

Daytime Phone #

904-360-2704

Attachment

24054331

HL01000000493

Officers and Board of Directors		
MPS Group, LLC		
Title	Name	Business Address
SVP/Treasurer/CFO	Robert Crouch	One Independent Drive Jacksonville, FL 32202
VP/Secretary	Gregory D. Holland	One Independent Drive Jacksonville, FL 32202
President/CEO	Timothy D. Payne	One Independent Drive Jacksonville, FL 32202
VP of Tax	Gerald Robinson	One Independent Drive Jacksonville, FL 32202