

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

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**



04192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
HOLLAND, GREGORY D
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
PAYNE, TIMOTHY D
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROBINSON, GERALD
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32202**

000000326648
04/25/05-80006-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4-21-05 904-360-2704
Date Daytime Phone #