

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000493

FILED
Apr 27, 2009
Secretary of State

Entity Name: MPS GROUP, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 800
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 02-0619871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: SVPT () Delete
Name: CROUCH, ROBERT P SVPT
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CFO () Delete
Name: CROUCH, ROBERT P CFO
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPS () Delete
Name: HOLLAND, GREG D VPS
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: CEO () Delete
Name: PAYNE, TIMOTHY D CEO
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: P () Delete
Name: PAYNE, TIMOTHY D P
Address: ONE INDEPENDENT DRIVE
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VPT () Delete
Name: ROBINSON, GERALD G VPT
Address: ONE INDEPENDENT DRIVE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GERALD ROBINSON

VPT

04/27/2009

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