# 2008 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L01000001029**

**1.** Entity Name
DEVONSHIRE EMPLOYMENT SERVICES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1601 BELVEDERE ROAD<br>SUITE 407<br>WEST PALM BEACH, FL  33406 | 1601 BELVEDERE ROAD<br>SUITE 407<br>WEST PALM BEACH, FL  33406 |

# DO NOT WRITE IN THIS SPACE

02082008 No Chg-LLC          CR2E083 (12/07)

| **4.** FEI Number | | Applied For |
|---|---|---|
| 65-1053987 | | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

MEYER, WILLIAM A
1601 BELVEDERE ROAD
SUITE 407
WEST PALM BEACH, FL  33406

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## 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

**FILE NOW!!!  FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000836881
03/04/08-80034-013 138.75

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | DEVONSHIRE ASSOCIATES, LTD. |
| STREET ADDRESS | 1601 BELVEDERE ROAD |
| CITY-ST-ZIP | WEST PALM BEACH, FL  33406 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |

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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____          2/22/08      561-689-6602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #