

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 11, 2008  
Secretary of State**

DOCUMENT# L01000002132

Entity Name: RE-EMPLOYMENT SPECIALISTS, LLC

**Current Principal Place of Business:**

2821 BOLTON ROAD  
B  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2821 BOLTON ROAD  
B  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-3696959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GILLIS, CHARLES S  
2821 BOLTON ROAD  
B  
ORANGE PARK, FL 32073 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: MGR ( ) Delete  
Name: GILLIS, CHARLES S  
Address: 2821 BOLTON ROAD, SUITE B  
City-St-Zip: ORANGE PARK, FL 32073

**ADDITIONS/CHANGES:**

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: CHARLES S. GILLIS

MGR

07/11/2008

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