

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90243 050 ****50.00

DOCUMENT # L01000006145

1. Entity Name

THE EMPLOYERS' ANSWER GROUP, LLC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

535 Central Ave.

Suite, Apt. #, etc.

3. Mailing Address

5401 Central Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number 59-3719584

Applied For
Not Applicable

Zip
33701

Country

Zip
33710

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Carol McAtee, CPA

Street Address (P.O. Box Number is Not Acceptable)
5401 Central Ave.

City St. Petersburg FL Zip Code 33710

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.

SIGNATURE

Carol McAtee
Signature, typed or printed name of registered agent and title if applicable.

CAROL McAtee

DATE

3/19/02

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D August R. Curcio 2902 Wilderness Blvd. E. Parrish, FL 34219
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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)(), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Carol McAtee

4/19/02

727-821-0911

CR2E083B (12/01)