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

DOCUMENT # L01000019663

1. Entity Name

Employer Solutions, LLC

FILED

02 NOV 26 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8833 Perimeter Park Blvd.

Suite, Apt. #, etc.

Suite 1104

3. Mailing Address

P. O. Box 551737

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number

90-0008692

Applied For

Not Applicable

Zip
32216

Country
USA

Zip
32255

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Forrest J. Harris

Street Address (P.O. Box Number is Not Acceptable)
8833 Perimeter Park Blvd.

Suite 1104

City

Jacksonville

FL

Zip Code
32216

**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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

DATE

11/18/02

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
Manager
Forrest J. Harris
8833 Perimeter Park Blvd., #1104
Jacksonville, FL, 32216

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 609, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Forrest J. Harris, Manager

11/18/02

(904) 645-5145

CR2E083B (12/01)

283

November 18, 2002

Division of Corporations
P. O. Box 6478
Tallahassee, FL 32314

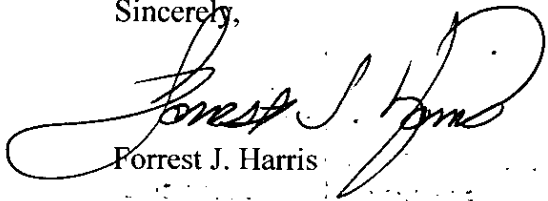
**Re: Employer Solutions, LLC
Document #L01000019663**

Dear Sir/Madam:

We previously submitted a mailing address correction to the Division for the above-named company (see enclosed correspondence of December 6, 2001), but it appears that the requested address correction was never made. As a result, the company did not receive notification of the Uniform Business Report to be filed for the current year. In accordance with instructions provided by your office, enclosed please find a completed Uniform Business Report for the company as well as a check in the amount of \$50.00 in payment of the applicable filing fee. Kindly note that the company's address recently changed again, and the correct current address information is included in the enclosed Report.

Thank you. Should you have any questions or need to reach me for any reason, please feel free to contact me at (904) 645-5145.

Sincerely,



Forrest J. Harris

FJH/hr

Enclosures

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December 6, 2001

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: **Employer Solutions, LLC**
ID# L01000019663

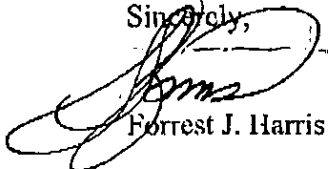
Dear Sir/Madam:

Please be advised that the Post Office Box for the above named company for which Articles of Organization were recently filed with your office has changed. The street address of the company has not changed. The new mailing address is:

Employer Solutions, LLC
P. O. Box 41185
Jacksonville, FL 32203

Thank you. Should you have any questions or require anything further in connection with this matter, please don't hesitate to contact me at (904) 353-8000.

Sincerely,



Forrest J. Harris

FJH/hr

Enclosure

mw/cs-120601