

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90280 025 ****50.00

DOCUMENT # L01000019663

1. Entity Name
EMPLOYER SOLUTIONS, LLC



Principal Place of Business 1800 Second St. Mailing Address
~~8833 PERIMETER PARK BLVD.~~ ~~P.O. BOX 551737~~ Same
~~SUITE 1104~~ Suite 755 ~~JACKSONVILLE, FL 32255~~
~~JACKSONVILLE, FL 32216~~ Sarasota FL 34236

24041076



04022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0008692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, FORREST J
~~8833 PERIMETER PARK BLVD.~~ 1800 Second St
~~SUITE 1104~~ Suite 755
~~JACKSONVILLE, FL 32216~~
Sarasota FL 34236

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HARRIS, FORREST J
STREET ADDRESS ~~8833 PERIMETER PARK BLVD.~~ 1800 Second St
CITY- ST- ZIP ~~JACKSONVILLE, FL 32216~~ Sarasota FL 34236

TITLE MGR
NAME GEORGE, DANIEL E
STREET ADDRESS 1800 SECOND STREET
CITY- ST- ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(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 608, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

4/5/04 941955-0793