

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90759 039 *****50.00

DOCUMENT # L01000019663

1. Entity Name

EMPLOYER SOLUTIONS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8833 Perimeter Park Blvd

3. Mailing Address

Po Box 551737

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1104

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32216

Country

U.S.

Zip

32255

Country

U.S.

4. FEI Number

90-0008692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida 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
Jacksonville FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Daniel E. George
1800 Second Street
Sarasota FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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:

Daniel E. George

4-22-03

941.955.0793

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

Date

Daytime Phone #

CR2E083B (12/02)