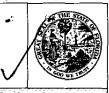
LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000019663

1. Entity Name

EMPLOYER SOLUTIONS, LLC



FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90759 039 ****50.00

4-22-03

DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business 8833 Perimeter Park Blud Suite, Apt. #, etc. Suite 1104			3. Mailing Address O DOX 551737 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	ion vi lle		City & State Jackson Ville FL			4. FEI Number 90 - 0008692	Applied For Not Applicable	
zip 3221		Country U.S.	Zip 32255	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 Forcest J. Harris Street Address (P.O. Box Number is Not Acceptable) 8833 Perimeter fack Blud Suite 1004 City JackSaville FL Zip Code 3ZZ16			
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	1000000							
NAME STREET ADDRESS CITY-ST-ZIP	Forcest J. Harris				ET ADDRESS ST- ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Daniel E. George 1800 Second Street Sarasota FL 34236				T ADDRESS ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				The second		DO NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADDRESS				T ADDRESS ST-ZIP	IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				西班通	man Cart San of Award Contain			
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.								

NO TYPED OR PRINTED NAME OF SIGNING MANAGUE MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE