

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000309

FILED
Apr 27, 2007
Secretary of State

Entity Name: MAGELLAN EMPLOYMENT SOLUTIONS LLC

Current Principal Place of Business:

5775 BLUE LAGOON DR., STE. 230
MIAMI, FL 33126

New Principal Place of Business:

5050 WEST LEMON STREET
SUITE C
TAMPA, FL 33609 US

Current Mailing Address:

5775 BLUE LAGOON DR., STE. 230
MIAMI, FL 33126

New Mailing Address:

PO BOX 22558
TAMPA, FL 33622 US

FEI Number: 02-0538428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

USIG EMPLOYEE LEASING INC.
5101 NW 21ST AVENUE, SUITE 355
FT. LAUDERDALE, FL 33126 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRATER, EDWARD A
Address: 5101 NW 21ST AVENUE, SUITE 355
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: MAGELLAN HUMAN RESOU, RCES INC
Address: 5775 BLUE LAGOON DRIVE SUITE 230
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MAGELLAN HUMAN RESOU, RCES INC
Address: 5050 WEST LEMON STREET
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACKIE RUSS

DIR

04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date