

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90032 034 ***143.75

DOCUMENT # L02000000309

1. Entity Name
MAGELLAN EMPLOYMENT SOLUTIONS LLC



Principal Place of Business
**5050 WEST LEMON STREET
SUITE C
TAMPA, FL 33609 US**

Mailing Address
**PO BOX 22558
TAMPA, FL 33622 US**

60037361



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0538428

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **same**
Street Address (P.O. Box Number is Not Acceptable)
5050 W LEMON ST.
City **Tampa** FL Zip Code **33609**

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PRATER, EDWARD A**
STREET ADDRESS **5101 NW 21ST AVENUE, SUITE 355**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

TITLE ☐ Change ☐ Addition
NAME **736 Market Street #1100**
STREET ADDRESS **Chattanooga, TN 37402**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MAGELLAN HUMAN RESOURCES INC**
STREET ADDRESS **5050 WEST LEMON STREET**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/20/08

423-267-1874