

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024807

FILED
Mar 08, 2006
Secretary of State

Entity Name: HEACOCK EMPLOYER SOLUTIONS, LLC

Current Principal Place of Business:

211 S. RIDGEWOOD DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

211 S. RIDGEWOOD DRIVE
SEBRING, FL 33870

New Mailing Address:

FEI Number: 61-1425954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BETH H
211 S. RIDGEWOOD DRIVE
SEBRING, FL 33870 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: MGRM () Delete
Name: JOHNSON, BETH H
Address: 1100 NANCESOWEE AVE
City-St-Zip: SEBRING, FL 33870

Title: MGRM () Delete
Name: JOHNSON, DONALD C
Address: 1100 NANCESOWEE AVE
City-St-Zip: SEBRING, FL 33870

Title: MGRM () Delete
Name: HEACOCK III, FORD W
Address: 4638 SHERWOOD AVE
City-St-Zip: LAKE LAND, FL 33813

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: HEACOCK III, FORD W
Address: 2418 JONILA AVE
City-St-Zip: LAKE LAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES W. TAVENIERE

CFO

03/08/2006

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