2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024807

Entity Name: HEACOCK EMPLOYER SOLUTIONS, LLC

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1105 US HWY 27 N SEBRING, FL 33870

Current Mailing Address: New Mailing Address:

1105 US HWY 27 N P.O. BOX 7788

SEBRING, FL 33870 SEBRING, FL 338720114

FEI Number: 61-1425954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JOHNSON, BETH H 211 S. RIDGEWOOD DRIVE SEBRING, FL 33870 US

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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 JOHNSON, BETH H
 Name:

 Address:
 1100 NANCESOWEE AVE
 Address:

 City-St-Zip:
 SEBRING, FL 33870
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name:JOHNSON, DONALD CName:Address:1100 NANCESOWEE AVEAddress:City-St-Zip:SEBRING, FL 33870City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HEACOCK III, FORD W
 Name:

 Address:
 2418 JONILA AVE
 Address:

 City-St-Zip:
 LAKELAND, FL 33803
 City-St-Zip:

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: BETH H. JOHNSON MGRM 03/13/2009