

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024807

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** HEACOCK EMPLOYER SOLUTIONS, LLC

**Current Principal Place of Business:**

1105 US HWY 27 N  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7788  
SEBRING, FL 338720114

**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  
1105 US HWY 27 N  
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  
Name: JOHNSON, BETH H  
Address: 1100 NANCESOWEE AVE  
City-St-Zip: SEBRING, FL 33870

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

Title: MGRM  
Name: HEACOCK III, FORD W  
Address: 2418 JONILA AVE  
City-St-Zip: LAKELAND, FL 33803

I hereby 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

03/27/2012

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