

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032838**

1. Entity Name  
**EMPLOYEE RESOURCE GROUP, LLC**



Principal Place of Business

**1400 30TH ST  
2ND FL, STE B  
NICEVILLE, FL 32578**

Mailing Address

**1400 30TH ST  
2ND FL, STE B  
NICEVILLE, FL 32578**



04022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3089825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**JOHNSON, THERESA  
1400 30TH ST, 2ND FL, STE B  
NICEVILLE, FL 32578**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000719340  
05/01/07-80061-007 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, THERESA 1400 30TH ST, 2ND FL, STE B NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, MARTY 1400 30TH ST, 2ND FL, STE B NICEVILLE, FL 32578
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**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/07 (606) 436-0936

ERG

71100-000

\$52.00