

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000034191

1. Entity Name  
EMPLOYMENT DATA RESEARCH, LLC



05 MAY 26 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
356 ENGLENOOK DR., SUITE #100  
DEBARY, FL 32753

Mailing Address  
PO BOX 530937  
DEBARY, FL 32753-0397



2. Principal Place of Business

1723 Ronald Reagan Blvd N  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 952914  
Suite, Apt. #, etc.

05232005 REIN-LLC CR2E101 (6/04)

City & State

Longwood FL

City & State

Lake Mary FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
32750

Country  
USA

Zip  
32795

Country  
USA

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

6. Name and Address of Current Registered Agent

MORGAN, RON  
356 ENGLENOOK DR., #100  
DEBARY, FL 32753

7. Name and Address of New Registered Agent

Name Gordon R. Butler  
Street Address (P.O. Box Number is Not Acceptable)

1736 Ronald Reagan Blvd North  
City Longwood, FL Zip Code 32750

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 *Gordon R. Butler*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/23/05

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME MORGAN, RON ☒ Delete  
STREET ADDRESS 356 ENGLENOOK DR., #100  
CITY-ST-ZIP DEBARY, FL 32753

TITLE MGRM  
NAME CAMPBELL, MICHAEL ☒ Delete  
STREET ADDRESS 356 ENGLENOOK DR, #100  
CITY-ST-ZIP DEBARY, FL 32753

TITLE MGRM  
NAME Gordon R. Butler ☐ Delete  
STREET ADDRESS 1736 Ronald Reagan Blvd N  
CITY-ST-ZIP Longwood, FL 32750

TITLE MGRM  
NAME Henri Lievenmans ☐ Delete  
STREET ADDRESS 1139 Vermillion Cir  
CITY-ST-ZIP Marietta, GA 60030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
000055343340  
05/26/05--01003--002 \*\*205.00

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
**REINSTATEMENT** 04-05

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

5/23/05 321-377-1164  
Date Daytime Phone #