

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90031 025 \*\*\*\*50.00

**DOCUMENT # L03000025915**

1. Entity Name  
**USA WORK PERMITS, LLC**



Principal Place of Business  
**3223 NW 10TH TERR, STE 610  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**3223 NW 10TH TERR, STE 610  
FORT LAUDERDALE, FL 33309**

**20037361**



2. Principal Place of Business  
**3730 Coconut Creek Pkway**

3. Mailing Address  
**79 Coventry Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 120**

**Suite 6**

City & State

City & State

**Coconut Creek, FL**

**Newport, VT**

Zip

Country

Zip

Country

**33066**

**U.S.A.**

**05855-2100**

**U.S.A.**

04242006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**76-0736691**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**USA WORK PERMITS, LLC  
3223 N.W. 10TH TERRACE, SUITE 610  
FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name  
**USA WORK PERMITS? LLC**

Street Address (P.O. Box Number is Not Acceptable)

**C/O RICHARD PARENTEAU SR**

**3730 Coconut Creek Pkway, Suite 120**

City

**Coconut Creek**

FL

Zip Code

**33066**

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]*  
Signature, typed or printed name of registered agent and title if applicable

**RICHARD PARENTEAU SR**

**President**

**April 24, 2006**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
PARENTEAU, RICHARD SR  
3223 NW 10TH TERRACE  
FORT LAUDERDALE, FL 33309** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPS  
PARENTEAU, RICHARD SR  
79 Coventry Street, suite 6  
Newport, VT 05855-2100** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]*  
**April 24, 2006**

Date

Daytime Phone #

**1-800-613-0656**