2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 26, 2004 8:00 am **DOCUMENT # L03000055462 Secretary of State** 02-26-2004 90203 048 ****50.00 PROGRESSIVE EMPLOYER SERVICES VI. LLC Principal Place of Business Mailing Address 7560 COMMERCE COURT 7560 COMMERCE COURT SARASOTA, FL. 34243 SARASOTA, FL 34243 24014653 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122004 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable 20-0520743 Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DRIS, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 29 NORTH PINELLAS AVE. TARPON SPRINGS, FL Zip Code 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) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Addition TITLE ☐ Delete TITLE ☐ Change CEO NAME STEVE HERRIG STREET ADDRESS STREET ADDRESS 7560 COMMERCE COURT CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34243 TITLE ☐ Delete TITLE ☐ Change Addition COO NAME NAME TERESA DICK STREET ADDRESS STREET ADDRESS 7560 COMMERCE COURT CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34243 TITLE ☐ Delete TITLE Change Addition CFO NAME NAME MICHAEL CORLEY STREET ADDRESS STREET ADDRESS 7560 COMMERCE COURT CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34243 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 a 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

FILED