

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057423

1. Entity Name

CAREERSUSA BOCA RATON, LLC



Principal Place of Business

6501 CONGRESS AVE., SUITE 200  
BOCA RATON, FL 33487

Mailing Address

6501 CONGRESS AVE., SUITE 200  
BOCA RATON, FL 33487

FILED

05 APR 14 AM 11:01

SECRET  
TALLAHASSEE, FLORIDA



01032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

76-0751968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

OUNJIAN, JENNIFER L  
6501 CONGRESS AVE., SUITE 200  
BOCA RATON, FL 33487

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CAREERS USA, INC.
STREET ADDRESS	6501 CONGRESS AVE., SUITE 200
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900054226639  
05/10/05--01086--001 \*\*1300.00

**DO NOT WRITE  
IN THIS SPACE**

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

Marilyn J. Ounjian, MM

(561) 995-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #