

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L03000057481

1. Entity Name
CAREERSUSA NEWARK, 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 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
20-0568281

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

TITLE
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CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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: *[Handwritten signature]* Marilyn J. Ounjian, MM

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

Date

(561) 995-7000

Daytime Phone #