

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022807

FILED
Apr 10, 2006
Secretary of State

Entity Name: EMPLOYMENT RESOURCES AND SOLUTIONS, L.L.C.

Current Principal Place of Business:

550 WATER ST
1319
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

550 WATER ST
1319
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0933943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONRY, ROSE
550 WATER ST
1319
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ANDERSON-JAMES, CASSAUNDRA
Address: 550 WATER ST, STE 1319
City-St-Zip: JACKSONVILLE, FL 32202

Title: VP () Delete
Name: CONRY, ROSE
Address: 550 WATER ST, STE 1319
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPK () Delete
Name: MOORE, KELLEY
Address: 550 WATER ST, STE 1319
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPK (X) Change () Addition
Name: MOORE, KELLEY
Address: 550 WATER ST, STE 1319
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CASSAUNDRA ANDERSON-JAMES

PRES

04/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date