

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022807

FILED  
Apr 24, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1225 W. BEAVER STREET  
#215  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

7845 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

1225 W. BEAVER STREET  
#215  
JACKSONVILLE, FL 32204

**New Mailing Address:**

7845 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256

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 E  
1225 W. BEAVER STREET  
#215  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

CONRY, ROSE E  
7845 BAYMEADOWS WAY  
JACKSONVILLE, FL 32256 US

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: ROSE CONRY

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: CONRY, ROSE E  
Address: 7845 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: MOORE, KELLEY  
Address: 7845 BAYMEADOWS WAY  
City-St-Zip: JACKSONVILLE, FL 32256

I hereby 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: ROSE CONRY

PRES

04/24/2012

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