

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90036 021 ****50.00

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| DOCUMENT # L04000046302 | | | | | |
| 1. Entity Name COMP & HR SOLUTIONS, LLC | | | | | |
| Principal Place of Business 8405-A BENJAMIN ROAD TAMPA, FL 33634 | | | Mailing Address 8405-A BENJAMIN ROAD TAMPA, FL 33634 | | |
| 2. Principal Place of Business 8406-A Benjamin Road Suite, Apt. #, etc. | | 3. Mailing Address 8406-A Benjamin Road Suite, Apt. #, etc. | | | |
| City & State Tampa Florida | | City & State Tampa Florida | | 4. FEI Number 13-4282810 | |
| Zip 33634 | | Country Hillsborough | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BRITTAIN, ROBERT G 2261 KENT DRIVE LARGO, FL 33774 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <i>R. Brittain</i> (NOTE: Registered Agent signature required when reinstating) DATE: | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BRITTAIN, ROBERT G 2261 KENT DRIVE LARGO, FL 33774 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>R. Brittain</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date: <i>9/4/06</i> Daytime Phone #: <i>813 545 3702</i> | | |