2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066371

1. Entity Name

THE PEO SOLUTION COMPANY LLC



FILED
May 03, 2007 08:00 A
Secretary of State

Principal Place of Business

8509 TOURMALINE BLVD. BOYNTON BEACH, FL 33437 Mailing Address

8509 TOURMALINE BLVD. BOYNTON BEACH, FL 33437



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For
75-3163172	Not Applicable
E. Cartificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

BURGER, MARK J 8509 TOURMALINE BLVD. BOYNTON BEACH, FL 33437 DO NOT WRITE

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 Agen) signature required when reinstating)	DATE	
F	lling Fee is \$50.00 ue by May 1, 2007		U00000760096 05/24/07-80068-022 50.00	
9.	MANAGING MEMBERS/MANAGERS	1. 1. H - 1. 1. 1. 4 - 1. H 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Control Times To the Control of the	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEO SOLUTION ADVISORS LLC 8509 TOURMALINE BLVD. BOYNTON BEACH, FL 33437			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		İNT	HIS SPACE	
TITLE NAME ŞTREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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: Man WHE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-30-07

561-889-3507

Daytime Phone #