

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90119 009 ****55.00

DOCUMENT # L04000088866

1. Entity Name
PRO PATH EMPLOYMENT SOLUTIONS "LLC"



Principal Place of Business
**4600 SHERIDAN STREET SUITE 400.
HOLLYWOOD, FL 33021**

Mailing Address
**4600 SHERIDAN STREET SUITE 400
HOLLYWOOD, FL 33021**

20053092



2. Principal Place of Business
4651 Sheridan street
Suite, Apt. #, etc.
Suite 200

3. Mailing Address
4651 Sheridan street
Suite, Apt. #, etc.
Suite 200

02042005 Chg-LLC CR2E083 (10/03)

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
20-2062296

Applied For
Not Applicable

Zip
33021

Country

Zip
33021

Country

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

6. Name and Address of Current Registered Agent

**DOMINGUEZ, KELLY
9389 NW 54TH STREET
SUNRISE, FL 33351**

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

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DOMINGUEZ, KELLY**
STREET ADDRESS **9389 NW 54TH STREET**
CITY-ST-ZIP **SUNRISE, FL 33351**

TITLE **MGR** ☐ Delete
NAME **ATCHISON, KIMBERLY**
STREET ADDRESS **8761 HOLLYCOURT APT 201**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **MGR** ☐ Delete
NAME **ATCHISON, KEITH**
STREET ADDRESS **3001 SOUTH OCEAN DRIVE APT 164**
CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Kelly J. Dominguez* **Kelly J. Dominguez** **4-28-05** **954-335-1111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #