

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089053

FILED
Apr 18, 2005
Secretary of State

Entity Name: REEMPLOYMENT SOLUTIONS GROUP LLC

Current Principal Place of Business:

1218 SMOKE RISE LANE
TALLAHASSEE, FL 32317 US

New Principal Place of Business:

Current Mailing Address:

1218 SMOKE RISE LANE
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 20-1244012 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHASE, ALLISON S
1218 SMOKE RISE LANE
TALLAHASSEE, FL 32317 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/MEMBERS:

Title: MGRM () Delete
Name: CHASE, ALLISON S
Address: 1218 SMOKE RISE LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

Title: MGRM () Delete
Name: VANDERSLICE, CARRIE D
Address: 9771 WYNTREE LANE
City-St-Zip: TALLAHASSEE, FL 32317 US

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALLISON S. CHASE

MGR

04/18/2005

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