

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089053

FILED  
May 09, 2006  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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/MANAGERS:**

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 Chapter 119, 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

MGRM

05/09/2006

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