

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000093984 1. Entity Name WORK READY, L.L.C.			
Principal Place of Business 1215 FOXTREE TRAIL APOPKA, FL 32712		Mailing Address WORK READY, LLC PO BOX 1048 APOPKA, FL 32704	
2. Principal Place of Business - No P.O. Box # 3000 Venetian Ct		3. Mailing Address 3000 Venetian Ct	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32309		Zip 32309	
Country USA		Country USA	
4. FEI Number 52-2446674		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05132008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent JOST, LINDA 5366 MARTINGALE LN APOPKA, FL 32712		7. Name and Address of New Registered Agent Name: Wayne Niemeyer Street Address (P.O. Box Number is Not Acceptable): 3000 Venetian Ct City: Tallahassee FL Zip Code: 32309	
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 obligation of registered agent. SIGNATURE: <i>Wayne Niemeyer</i> DATE: 5-13-08 <small>Signature (typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM YOST, LINDA 5366 MARTINGALE LN APOPKA, FL 32712	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Wayne Niemeyer 3000 Venetian Ct Tallahassee, FL 32309
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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>Wayne Niemeyer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>		5-13-08 <small>Date Daytime Phone #</small>	

FILED
08 MAY 13 PM 3:35
TALLAHASSEE, FLORIDA

