

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066138

FILED
Feb 19, 2008
Secretary of State

Entity Name: EMPLOYER'S ALLIANCE VI, LLC

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE 560
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

8875 HIDDEN RIVER PARKWAY
SUITE 560
TAMPA, FL 33637 US

New Mailing Address:

FEI Number: 43-2085547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, THOMAS N
8875 HIDDEN RIVER PKWY
SUITE 560
TAMPA, FL 33637 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: P () Delete
Name: WORTMAN, JOHN J
Address: 200 EXECUTIVE WAY SUITE 210
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: C () Delete
Name: NICK, PHILLIP D
Address: 200 EXECUTIVE WAY SUITE 210
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR () Delete
Name: NEWMAN, THOMAS N
Address: 8875 HIDDEN RIVER PKWY SUITE 560
City-St-Zip: TAMPA, FL 33637

ADDITIONS/CHANGES:

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

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 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: THOMAS N. NEWMAN

PRES

02/19/2008

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