

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006471

FILED  
May 01, 2007  
Secretary of State

**Entity Name:** EMPLOYER RESOURCE SOLUTIONS, LLC

**Current Principal Place of Business:**

4521 PGA BLVD. STE 200  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

11380 PROSPERITY FARMS RD.  
D-113  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4521 PGA BLVD. STE 200  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

11380 PROSPERITY FARMS RD.  
D-113  
PALM BEACH GARDENS, FL 33410

FEI Number: 20-4084770      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:**

**Name and Address of New Registered Agent:**

CHANCON, RUDY  
122 1ST TERRACE  
PALM BEACH GARDENS, FL 33418      US

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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: CONSULTING PARTNERS, NETWORK, INC.  
Address: 15658 JUPITER FARMS RD  
City-St-Zip: JUPITER, FL 33478

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: KRISS HAMMOND

MGR

05/01/2007

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