

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90013 023 ***138.75

DOCUMENT # L06000006471

1. Entity Name
EMPLOYER RESOURCE SOLUTIONS, LLC



Principal Place of Business
11380 PROSPERITY FARMS RD.
D-113
PALM BEACH GARDENS, FL 33410

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

50006228



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4084770

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
CONSULTING PARTNERS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable)
11380 PROSPERITY FARMS RD

SUITE D-113

City **PALM BEACH GARDENS** FL Zip Code **33410**

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 obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/08
DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
CONSULTING PARTNERS NETWORK, INC.
15658 JUPITER FARMS RD
JUPITER, FL 33478

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Signature typed or printed name of signing managing member, manager, or authorized representative

4/30/08
Date

561-775-2588
Daytime Phone #