

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025187

FILED
Jul 20, 2007
Secretary of State

Entity Name: FIRST PLACE EMPLOYER SERVICES, LLC

Current Principal Place of Business:

4501 MANATEE AVENUE WEST #122
BRADENTON, FL 342093952

New Principal Place of Business:

6815 14TH STREET WEST
SUITE 203
BRADENTON, FL 34207

Current Mailing Address:

4501 MANATEE AVENUE WEST #122
BRADENTON, FL 342093952

New Mailing Address:

FEI Number: 20-4459318 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:

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON, FL 34209 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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: MURRAY, MICHAEL J
Address: 4501 MANATEE AVENUE WEST # 122
City-St-Zip: BRADENTON, FL 34209

Title: MRS. () Change (X) Addition
Name: MURRAY, JENNIFER H
Address: 4501 MANATEE AVENUE WEST # 122
City-St-Zip: BRADENTON, FL 34209

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: MICHAEL J. MURRAY

MGRM

07/20/2007

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