2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056208

STREET ADDRESS CITY-ST-ZIP

Principal Place of Business

TRS EMPLOYER SERVICES LLC



Mailing Address

109 W. LAKEVIEW ST. P.O. BOX 760 LADY LAKE, FL 32159

LADY LAKE, FL 32158

DO NOT WRITE IN THIS SPACE

FILED Feb 21, 2008 08:00 Al Secretary of State



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5146569 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAWLS, EDGAR O III 2027 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE

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)	DATE				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							
9.	MANAGING MEMBERS/MANAGERS	***	ļ				
TITLE	MGRM						
NAME	SISTRUNK, ROBERT A						
STREET ADDRESS	2790 NE 167TH AVE.		į				
CITY-ST-ZIP	WILLISTON, FL 32696		usasaaaaaaa				
TITLE	MGRM	1	U00000833739 02/28/08-80024-019 138.75				
NAME OTOGET ADDRESSO	RAWLS, EDGAR O III		NSVSBVDB-00054.010 100:10				
STREET ADDRESS CITY-ST-ZIP	2027 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703						
	ST. FETERSBORG, FE 33703						
TITLE NAME							
STREET ADDRESS		l					
CITY-ST-ZIP		l DO	NOT WRITE				
TITLE			TUO ODAOE				
NAME		i in	THIS SPACE				
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS	Contract of the Contract of th						
CITY-ST-ZIP	10° m		·				
,TÍTLE	37						

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	: Soly	5	102	Edgar O.	12 Auls	THE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHCRIZED REPRESENTATIVE								

Davisme Phone #