

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000073128

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** OFFSITE HR II, LLC

**Current Principal Place of Business:**

302 EAST FORT DADE AVE.  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

4008 WEST 6TH STREET  
FORT WORTH, TX 76107

**Current Mailing Address:**

302 EAST FORT DADE AVE.  
BROOKSVILLE, FL 34601

**New Mailing Address:**

PO BOX 101921  
FORT WORTH, TX 76185

**FEI Number:** 20-5264484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, RONALD C ESQ.  
5348 FIRST AVENUE NORTH  
ST. PETERSBURG, FL 33710 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: MGR ( ) Delete  
Name: QUISENBERRY, CODY  
Address: 302 EAST FORT DADE AVE.  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: QUISENBERRY, CODY  
Address: 4008 WEST 6TH STREET  
City-St-Zip: FORT WORTH, TX 76107

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:** CODY QUISENBERRY

MGMR

01/08/2009

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