

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State

03-23-2007 90174 004 ****50.00

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DOCUMENT # L06000116247	
1. Entity Name FLORIDA WORKFORCE COALITION, LLC	

Principal Place of Business 615 CRESCENT EXECUTIVE COURT SUITE 120 LAKE MARY FL 32746	Mailing Address 615 CRESCENT EXECUTIVE COURT SUITE 120 LAKE MARY FL 32746
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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

4. FEI Number 20-5988596.	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SAINT-LAURENT PROPERTIES, LLC 1790 LEGION DRIVE WINTER PARK FL 32789
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

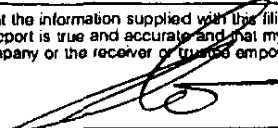
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAW, PATRICK E 615 CRESCENT EXECUTIVE COURT SUITE 120 LAKE MARY FL 32746 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BORCK, TODD L 615 CRESCENT EXECUTIVE COURT SUITE 120 LAKE MARY FL 32746 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/12/07 (407) 333-1440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Cayman Phone #