

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000038849

FILED
Mar 05, 2009
Secretary of State**Entity Name:** HR COMPENSATION CONSULTANTS, LLC**Current Principal Place of Business:**5331 PALM RIDGE BLVD.
DELRAY BEACH, FL 33484**New Principal Place of Business:****Current Mailing Address:**5331 PALM RIDGE BLVD.
DELRAY BEACH, FL 33484**New Mailing Address:****FEI Number:** 26-2390806**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SCHRY, ELINOR
4734 SOUTH LAKE DRIVE
BOYNTON BEACH, FL 33436 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:** MGRM () Delete
Name: BUSCH, KATHERINE
Address: 5331 PALM RIDGE BLVD.
City-St-Zip: DELRAY BEACH, FL 33484**Title:** MGRM () Delete
Name: BUSCH, JASON A
Address: 5331 PALM RIDGE BLVD
City-St-Zip: DELRAY BEACH, FL 33484**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR (X) Change () Addition
Name: BUSCH, JASON A
Address: 5331 PALM RIDGE BLVD
City-St-Zip: DELRAY BEACH, FL 33484

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: KATHERINE MILLER BUSCH

MGRM

03/05/2009

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