


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90169 035 ***138.75

DOCUMENT # L07000064280 1. Entity Name RILON EMPLOYER SERVICES, LLC																					
Principal Place of Business 317 RIVEREDGE BOULEVARD SUITE 100 COCOA, FL 32922 US		Mailing Address 317 RIVEREDGE BOULEVARD SUITE 100 COCOA, FL 32922 US																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 560097 Suite, Apt. #, etc.																			
City & State Zip Country		City & State Rockledge, FL Zip Country 32955-0697 USA																			
4. FEI Number 26-0431764		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01312008 Chg-LLC CR2E083 (12/06)																			
6. Name and Address of Current Registered Agent LONG, DONALD J 317 RIVEREDGE BOULEVARD SUITE 100 COCOA, FL 32922		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																			
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 reinstating) DATE _____																					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LONG, DONALD J</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>317 RIVEREDGE BLVD., SUITE 100 COCOA, FL 32922</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	LONG, DONALD J		CITY-ST-ZIP	317 RIVEREDGE BLVD., SUITE 100 COCOA, FL 32922		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">NAME</td> <td style="width:30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Donald J Long</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>2-5-2008</u> Daytime Phone #																			

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