

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112062

FILED  
Jul 11, 2008  
Secretary of State

**Entity Name:** HCMS-HUMAN CAPITAL MANAGEMENT SOLUTIONZ, LLC

**Current Principal Place of Business:**

12999 CHELSEA HARBOR DR. S  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

12999 CHELSEA HARBOR DR. S  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ZOLEZZI, TINA-MARIE J  
12999 CHELSEA HARBOR DR. S  
JACKSONVILLE, FL 32224 US

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: ZOLEZZI, TINA-MARIE J  
Address: 12999 CHELSEA HARBOR DR. S  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM ( ) Delete  
Name: ZOLEZZI, THOMAS  
Address: 12999 CHELSEA HARBOR DR. S  
City-St-Zip: JACKSONVILLE, FL 32224 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TINA-MARIE ZOLEZZI

OWN

07/11/2008

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