

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000118875

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** PHOENIX WORKFORCE SOLUTIONS, LLC

**Current Principal Place of Business:**

217 N KIRKMAN RD  
SUITE 2  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

217 N KIRKMAN RD  
SUITE 2  
ORLANDO, FL 32811

**New Mailing Address:**

**FEI Number:** 45-0581395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PLOTNIK, GARY  
774 S PENNSYLVANIA AVE  
WINTER PARK, FL 32789 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: MR  
Name: PLOTNIK, GARY R PRES  
Address: 774 SOUTH PENNSYLVANIA AVE  
City-St-Zip: WINTER PARK, FL 32789

Title: MRS  
Name: ANCIRA, THERESA  
Address: 1620 WOODLAND  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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: GARY R. PLOTNIK

PRES

01/26/2010

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