

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000054647

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** NF EMPLOYMENT SERVICES, LLC

**Current Principal Place of Business:**

11780 U.S. HIGHWAY #1, SUITE 500  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

11780 U.S. HIGHWAY #1, SUITE 500  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 30-0487749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAILE, SHAW & PFAFFENBERGER, P.A.  
660 U.S. HIGHWAY #1, THIRD FLOOR  
NORTH PALM BEACH, FL 33408 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:** P  
**Name:** NICKLAUS, JACK W II  
**Address:** 11780 U.S. HIGHWAY ONE, SUITE 500  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

**Title:** SVP  
**Name:** NICKLAUS, STEVE C  
**Address:** 11780 U.S. HIGHWAY ONE, SUITE 500  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

**Title:** T  
**Name:** CONSTANTINO, ELEANOR  
**Address:** 11780 U.S. HIGHWAY ONE, SUITE 500  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

**Title:** S  
**Name:** DOTY, DONNA L  
**Address:** 11780 U.S. HIGHWAY ONE, SUITE 500  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

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:** DONNA L. DOTY

S

04/08/2011

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