

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057145

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** ENTERPRISE SOLUTIONS PEOPLE, LLC

**Current Principal Place of Business:**

243 N. WOODLAND BLVD.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5757  
DELTONA, FL 32728

**New Mailing Address:**

**FEI Number:** 27-2693698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOWEN, GARY A  
489 HAVERSHAM RD  
DELTONA, FL 32725 US

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

BOWEN, GARY A  
243 N. WOODLAND BLVD.  
DELAND, FL 32720 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

01/05/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOWEN, GARY A  
Address: P.O. BOX 5757  
City-St-Zip: DELTONA, FL 327285757

Title: MGR  
Name: BOWEN, ELISHA J  
Address: P.O. BOX 5757  
City-St-Zip: DELTONA, FL 327285757

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 BOWEN

MGRM

01/05/2011

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