

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106951

FILED
Jan 12, 2012
Secretary of State

Entity Name: ASSURANCE EMPLOYER SOLUTIONS LLC

Current Principal Place of Business:

1720 EL JOBEAN ROAD
SUITE 201
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

Current Mailing Address:

1720 EL JOBEAN ROAD
SUITE 201
PORT CHARLOTTE, FL 33948

New Mailing Address:

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

FEI Number: 27-3660696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMARCA, MICHAEL A
1720 EL JOBEAN ROAD
SUITE 201
PORT CHARLOTTE, FL 33948 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: MGRM
Name: LAMARCA, MICHAEL A
Address: 1720 EL JOBEAN RD SUITE 201
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: MGR
Name: LANZELLOTTI, ROSEANN
Address: 3234 SUNRISE TERR
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGR
Name: MULROONEY, STEPHANIE
Address: 10380 SW VILLAGE CENTER DRIVE SUITE 182
City-St-Zip: PORT ST LUCIE, FL 34987

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: MA LAMARCA

MGRM

01/12/2012

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