

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000094430

**FILED**  
**Apr 04, 2013**  
**Secretary of State**

**Entity Name:** EMPLOYEE WORKFORCE GROUP, LLC

**Current Principal Place of Business:**

3157 KEARNS RD  
MULBERRY, FL 33860 US

**New Principal Place of Business:**

**Current Mailing Address:**

3157 KEARNS RD  
MULBERRY, FL 33860 US

**New Mailing Address:**

2900 N QUINLAN PARK RD  
B136  
AUSTIN, TX 78732 US

**FEI Number:** 45-3013906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOOTH, CHARLES  
3157 KEARNS RD  
MULBERRY, FL 33860 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: CHARLES BOOTH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOOTH, CHARLES  
Address: 3157 KEARNS RD  
City-St-Zip: MULBERRY, FL 33860 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: CHARLES BOOTH

MGRM

04/04/2013

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