2000	UNIFORM BUS	INE92 KELC	JK I	(UBI	K)		•	•		Ì
DOCUMENT # L9900001987 1. Entity Name EMPLOYERS! INIVENIOR OF ELORIDA LLC						FILED				
EMPLOYERSLINKSM OF FLORIDA, LLC						01 FEB 19 AM 10: 44				
Principal Plac 5951 CATTLEI SARASOTA FI	RIDGE BOULEVARD. SUITE 200	Mailing Address 5951 CATTLERIDGE BOULEVARD. SUITE 200 SARASOTA FL 34232				SECRETARY OF STATE TALLAHASSEE. FLORIDA				
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2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State	э	City & State			4. 1	4. FEI Number Applied For Not Applicable				
Zip Country		Zip	Zip Count		5.			SE OO Additional		
	6Name and Address of Curren	t Registered Agent				Name	and Address of New Registe	72		-
				Name	A .					1
STEVENS	TERRI A				Andrew W. Olwert					
STEVENS, TERRI A				Street A	ddress (P.O. B	iox N	umber is Not Acceptable)	te 200		
5951 CATTLERIDGE ROAD					<u> </u>	1, 4	stude pines, 2	* 0-0		1
SARASOTA FL 34232										_
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O. The shave	non-d-onlike a basis this statement f				tered agent, or both, in the State of Florida.					
e. The above	named entity submits this statement?	or the purpose of changing its	registere	an onice or	registered ag	em, c	or both, in the State of Florida.			1
COUNTY /M/H >							12.2	6.00		1 -
SIGNATURE .	Signature, typed or printed name of registered agen	E: Registere	d Agent signatu	ure required when re	instatir		ATE			
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9.	MANAGING MEMB		10.		ر الديمين	سا ہ	ADDITIONS/CHAN		N-7	la
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11. I hereby o	ertify that the information supplied wit	h this filing does not qualify fo	r the exer	nption stat	ed in Section	119.0	7(3)(i), Florida Statutes, I furthe	r certify that the i	nformation	
indicated on this report is true and accurate and that my 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.										
	D ()			-			•			1
SIGNAT	IIRE / CANNO SA	USE REQU	RE)			12.26.00			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER Date Daytime Phone #										