

FILED
Jun 28, 2004 8:00 am
Secretary of State

03-25-2004 90215 022 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000009030			
1. Entity Name CERTIFIED PROFESSIONAL EMPLOYER ORGANIZATION LLC			
Principal Place of Business 535 CENTRAL AVENUE SAINT PETERSBURG, FL 33701 US		Mailing Address 5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33710 US	
2. Principal Place of Business 401 Yelvington Ave.		3. Mailing Address 401 Yelvington Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State Clearwater, FL	
Zip 33755		Zip Pinellas Pinellas Pinellas	
Country Pinellas		Country Pinellas	
4. FEI Number 65-0969980		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCATEE, CAROL CPA 5401 CENTRAL AVENUE SAINT PETERSBURG, FL 33710		7. Name and Address of New Registered Agent Temple H. Drummond 401 Yelvington Ave. Clearwater FL 33755	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Temple H. Drummond</i> Signature, typed or printed name of registered agent and fee if applicable.		DATE 3/23/04 (NOTE: Registered Agent signature required when submitting fee.)	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME MGRM MANAGING MEMBER ☐ Delete STREET ADDRESS CURCIO, AUGUST R CITY-ST-ZIP 2901 WILDERNESS BLVD E PARRISH, FL 34219		TITLE NAME MANAGING MEMBER ☐ Change ☒ Addition STREET ADDRESS Carolyn Bradham CITY-ST-ZIP 401 Yelvington Ave. Clearwater, FL 33755	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), Florida Statutes. I further certify that the information 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		DATE 3-23-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Attachment 34008967

**CERTIFIED PROFESSIONAL EMPLOYER
ORGANIZATION, LLC**

401 Yelvington Avenue
Clearwater, Florida 33755

Phone: (727) 461-7800
Fax: (727) 466-0475
E-Mail: certified.peo.net

June 25, 2004

Florida Department of State
Division of Corporations
P. O. Box 6478
Tallahassee, Florida 32314

Re: Certified Professional Employer Organization, LLC
Reference Number: L99000009030

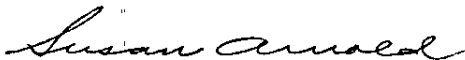
Ladies/Gentlemen:

Please be advised that the titles of the principals listed on the report are as follows:

1. August R. Curcio's "title" is Managing Member.
2. Carolyn Bradham's title" is Managing Member.

Thank you for your assistance in this matter.

Sincerely,



Susan Arnold

SA:bh