## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)** DOCUMENT # M02000001445 1. Entity Name

## **FILED** Apr 19, 2005 8:00 am Secretary of State

04-19-2005 90008 011 \*\*\*\*50 00

WEBTPA EMPLOYER SERVICES, LLC						0.19 2000 90	000011	30.00	
Principal Place of Business Mailing Address									
8500 FREEPORT PKWY SOUTH SUITE 400 IRVING TX 75063		8500 FREEPORT PKWY SOUTH SUITE 400 IRVING TX 75063		· 1 (44)	####	<b>11</b> (1) <b>11</b> (1) <b>11</b> (1)	41011 81211 81001 OF	1 <b>188</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1s	t MOORE	CR2E083	3 (10/04)	
City & State		City & State		4. FEI Numbe	75-2611444		No	optied For ot Applicable	
Žip 	Country	Zip	Country			of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	egistered /	igent	
СΤ		L'	40110						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RO PLANTATION FL 33324		<b>AD</b>		Street Address (F	P.O. Box Numb	er is Not Acceptable	e)		
				City			FL	Zip Code	<del></del> e
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	egistered (	office or registere	ed agent, or bo	th, in the State of Flo	orida. I am 1	amiliar with,	and accept
SIGNATURE    Signeture, typed or printed name of registered agent and title # applicable (NOTE: Registered Agent's ignature required when reinstating)							DATE		
		TO BE TO THE PROPERTY OF THE P	The second of the second of	E IS \$50.00					
		Make Check Payable	e to Fion By May		nt of State				
	•	1 45 4 1 X X X X X X X X X X X X X X X X X X	*	1,2003					
9.	MANAGING MEMBERS/MANAGERS 10			<del></del>		ADDITIONS	CHANGES		
TITLE NAME	_ 3333		TITLE NAME					☐ Change	☐ Addition
	- 1		STREET A	ADDRESS					
CITY-ST-ZIP	IRVING TX 75063		CITY-ST-	- ZIP					
TITLE		☐ Delete	TOTLE					☐ Change	Addition
NAME			NAME					•	
STREET ADDRESS			STREET A	l					
CITY-ST-ZIP			CITY-ST-	- ZIP					
TITLE		→ ☐ Delete — -	. TITLE _					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET A	IDDBESS					
CITY-ST-ZIP			CITY-ST						
TITLE		□ Delete	TITLE		••••			Change	Addition
NAME		Dolow	NAME						
STREET ADDRESS			STREET A	ADDRESS					
CITY-ST-ZIP			CITY-ST	- ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			NAME STREET A	VDDBECC					
CITY-ST-ZIP			CITY-ST						
TITLE		☐ Delete	TITLE	-				☐ Change	Addition
NAME		□1 Detere	NAME					ondays	Carl Managh
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP CITY			CITY-ST	- ZiP					
Ad Illeration	and the state of t	h this filing does not qualify for	46	tion stated in Co	-E 110 07(2)	(i) Elorido Statutan	1 6, 100 100 100 100	416 , ab as 4b a 1	-formation

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

President of WEBTPA Inc. sole managing member SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date