

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001445

FILED
Mar 19, 2009
Secretary of State

Entity Name: WEBTPA EMPLOYER SERVICES, LLC

Current Principal Place of Business:

8500 FREEPORT PKWY SOUTH
SUITE 400
IRVING, TX 75063

New Principal Place of Business:

8500 FREEPORT PARKWAY SOUTH
SUITE 400
IRVING, TX 75063

Current Mailing Address:

8500 FREEPORT PKWY SOUTH
SUITE 400
IRVING, TX 75063

New Mailing Address:

8500 FREEPORT PARKWAY SOUTH
SUITE 400
IRVING, TX 75063

FEI Number: 75-2611444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: COMMUNITAS, INC.,
Address: 8500 FREEPORT PKWY SOUTH
City-St-Zip: IRVING, TX 75063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DECARLO, MICHAEL STEVEN
Address: 8500 FREEPORT PARKWAY SOUTH, SUITE 400
City-St-Zip: IRVING, TX 75063

Title: MGR () Change (X) Addition
Name: PURVIANCE, SCOTT M
Address: 8500 FREEPORT PARKWAY SOUTH, SUITE 400
City-St-Zip: IRVING, TX 75063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANNE MEYER

POA

03/19/2009

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