2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -7 AM 8:02

DOCUMENT # M07000002737

1. Entity Name
WPS WORKPLACE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
1885 UNIVERSITY AVE. WEST ST. PAUL, MN 55104	1885 UNIVERSITY AVE. WEST ST. PAUL, MN 55104

03072008 Chg-LLC CR2E083 (12/05)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3095 S. Military Trail	5790 Dixie Bell Road
Suite, Apt. #, etc. #25	Suite, Apt. #, etc.
City & State Lake Worth, FL	City & State Palm Beach Gardens, FL
Zip 33463 Country USA	Zip 33418 Country USA

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOEMKE, JANA 5790 DIXIE BELL ROAD PALM BEACH GARDENS, FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR THOEMKE, MICHAEL 1885 UNIVERSITY AVE. WEST ST. PAUL, MN 55104	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Manager~~ Joseph Thoemke ~~1885 University Ave West~~ 5790 Dixie Bell Rd ~~St. Paul, MN 55~~104 Palm Beach Gardens, FL 33418	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700128355377 -05/05/08--01003--033~ **288.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _____ 4/21/08 561-627-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #