2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# M07000002737

Entity Name: WPS WORKPLACE SOLUTIONS, LLC

Current Principal Place of Business:

3095 S MILITARY TRAIL #25
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

5790 DIXIE BELL RD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 26-0170507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOEMKE, JANA
5790 DIXIE BELL ROAD
PALM BEACH GARDENS, FL 33418 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: MGR ( ) Delete
Name: THOEMKE, MICHAEL
Address: 1885 UNIVERSITY AVE. WEST
City-St-Zip: ST. PAUL, MN 55104

Title: MGR (X) Delete
Name: THOEMKE, JOSEPH
Address: 5790 DIXIE BELL RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: THOEMKE, JOSEPH
Address: 5790 DIXIE BELL ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOSEPH THOEMKE PRES 04/16/2009

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