

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031471

FILED
Jan 12, 2004
Secretary of State

Entity Name: STAT STAFFING LLC.

Current Principal Place of Business:

P.O. BOX 771629
ORLANDO, FL 32877

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771629
ORLANDO, FL 32877 US

New Mailing Address:

FEI Number: 54-2127060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDD, MICKEY C JR
1168 VILLA LANE
#112
APOPKA, FL 32712 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/MEMBERS:

Title: SRVP () Delete
Name: HENSON, BARRY
Address: P. O. BOX 771629
City-St-Zip: ORLANDO, FL 32877 US

Title: EXVP () Delete
Name: RUDD, MICKEY C JR
Address: P.O. BOX 771629
City-St-Zip: ORLANDO, FL 32877 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENSON, BARRY
Address: P. O. BOX 771629
City-St-Zip: ORLANDO, FL 32877 US

Title: MGR (X) Change () Addition
Name: RUDD, MICKEY C JR
Address: P.O. BOX 771629
City-St-Zip: ORLANDO, FL 32877 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARRY HENSON

MGR

01/12/2004

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