

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037034

Entity Name: SENDASTAFF, LLC

FILED  
Jan 23, 2008  
Secretary of State

## Current Principal Place of Business:

8855 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

## Current Mailing Address:

8855 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

## New Mailing Address:

FEI Number: 02-0742404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CAGAYAN, BRYAN  
11522 SUMMER BROOK CT  
JACKSONVILLE, FL 32258 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: BESTOYANG, ARMINDA  
Address: 267 TOPSAIL DRIVE  
City-St-Zip: PONTE VEDRA, FL 32081

Title: MGRM ( ) Delete  
Name: CAGAYAN, BRYAN  
Address: 11522 SUMMER BROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGRM ( ) Delete  
Name: CO, ERWIN  
Address: 9745 TOUCHTON ROAD #1824  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM ( ) Delete  
Name: MARIA, FERNANDO STA.  
Address: 1097 FLORA PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete  
Name: BUCKINGHAM, CHERYL  
Address: 297 CAROLINA JASMINE LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM ( ) Delete  
Name: YUTUC, GERRY  
Address: 532 WILLOW OAK LANE  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BESTOYONG, ARMINDA  
Address: 267 TOPSAIL DRIVE  
City-St-Zip: PONTE VEDRA, FL 32081

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

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

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

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

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: CHERYL BUCKINGHAM

MGRM

01/23/2008

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