

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

DOCUMENT# L08000116400

**Entity Name:** SENSIBLE STAFFING LLC.

**Current Principal Place of Business:**

901 SHAWNA SHORES  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 SHAWNA SHORES  
HAINES CITY, FL 33844 US

**New Mailing Address:**

**FEI Number:** 26-3914449      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MCPHEE, MARK M  
901 SHAWNA SHORES  
HAINES CITY, FL 33844 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: MARK MCPHEE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAFACE, RENEE  
Address: 1008 HEMINGWAY CIRCLE  
City-St-Zip: HAINES CITY, FL 33844 US

**ADDITIONS/CHANGES:**

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: RENEE LAFACE

MGR

10/08/2009

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