

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90004 024 ****50.00

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DOCUMENT # MO1000000061

1. Entity Name

RAIZE STAFFING SOLUTIONS, LLC



Principal Place of Business

12 ELMWOOD RD.
MENANDS NY 12204

Mailing Address

12 ELMWOOD RD.
MENANDS NY 12204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **14-1827819**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANEY, PATRICK T JR 162 ELLIOT RD EAST GREENBUSH NY 12061 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHAUN MAHONEY 14 LONG SHADOW DR LATHAM NY 12110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM WAGNER 12 ELMWOOD RD MENANDS NY 12204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED
William Wagner

4/14

518-282-6527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)