

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037034

**Entity Name:** SENDASTAFF, LLC**Current Principal Place of Business:**8859 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217**Current Mailing Address:**8859 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 US**FEI Number:** 02-0742404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAGAYAN, BRYAN  
8859 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217 US*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

**Authorized Person(s) Detail :**

Title MEMBER  
Name BESTOYONG, ARMINDA  
Address 8859 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

Title PRESIDENT  
Name CAGAYAN, BRYAN  
Address 8859 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

Title CFO  
Name CO, ERWIN  
Address 8859 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

Title MEMBER  
Name MARIA, FERNANDO STA.  
Address 8859 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

Title VP  
Name BUCKINGHAM, CHERYL  
Address 8859 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

Title MEMBER  
Name RAFAEL, VENER  
Address 8859 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

Title MEMBER  
Name YUTUC, CHARINA  
Address 8859 SAN JOSE BLVD.  
City-State-Zip: JACKSONVILLE FL 32217

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRYAN CAGAYAN

PRESIDENT

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date