

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000000816

**Entity Name:** MERIT STAFFING, LLC

**Current Principal Place of Business:**

159 HAMPTON POINT DRIVE  
SUITE 4  
ST. AUGUSTINE, FL 32092

**Current Mailing Address:**

159 HAMPTON POINT DRIVE  
SUITE 4  
ST. AUGUSTINE, FL 32092

**FEI Number:** 27-4339497

**Certificate of Status Desired:** No

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

SMITH, DAVID CMR.  
159 HAMPTON POINT DRIVE  
SUITE 4  
ST. AUGUSTINE, FL 32092 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 MGR  
Name ROGOVE, ARTHUR HMR.  
Address 159 HAMPTON POINT DRIVE, SUITE 4  
City-State-Zip: ST. AUGUSTINE FL 32092

Title PRES  
Name TIPPINS, THEODORE  
Address 159 HAMPTON POINT DRIVE, SUITE 4  
City-State-Zip: ST. AUGUSINTE FL 32092

Title MGR  
Name D'ERRICO, PATRICK  
Address 159 HAMPTON POINT DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

Title MANAGER, VP  
Name SMITH, DAVID C  
Address 159 HAMPTON POINT DRIVE  
SUITE 4  
City-State-Zip: ST. AUGUSTINE FL 32092

*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:** THEODORE TIPPINS

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date