

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000052707

Entity Name: MD STAFFING & ASSOCIATES, LLC

Current Principal Place of Business:

3409 SILVER MEADOW WAY
PLANT CITY, FL 33566

Current Mailing Address:

P O BOX 4464
PLANT CITY, FL 33566

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DRAKE, DANIEL GESQUIRE
156 E. BLOOMINGDALE AVE
BRANDON, FL 33511 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 MGRM
Name GAUDET, MARY A
Address 3409 SILVER MEADOW WAY
City-State-Zip: PLANT CITY FL 33566

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: MARY GAUDET

PRES

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date