

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90559 036 ****55.00

DOCUMENT # L00000007271

1. Entity Name
**STRATAFORCE PROFESSIONAL SALES SERVICES,
L.L.C.**



Principal Place of Business
**1125 US HIGHWAY 98 SOUTH, SUITE 200
LAKELAND, FL 33801**

Mailing Address
**1125 US HIGHWAY 98 SOUTH, SUITE 200
LAKELAND, FL 33801**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

59-3680195

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHN, JOSEPH P
1125 US HIGHWAY 98 SOUTH, SUITE 200
LAKELAND, FL 33801**

Name **Linda Mayhugh**

Street Address (P.O. Box Number is Not Acceptable)

1125 US Hwy 98 S

Suite 200

City **Lakeland**

FL

Zip Code **33801**

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

Linda Mayhugh

(NOTE: Registered Agent signature required when reinstating)

3/23/04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **ST. JOHN, JOSEPH P**
STREET ADDRESS **1125 US HIGHWAY 98 SOUTH, SUITE 200**
CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **Managing member** ☐ Change ☒ Addition
NAME **Advantage Travel, LC**
STREET ADDRESS **1125 US Hwy 98 S, Ste. 200**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **MEM** ☒ Delete
NAME **WOODROW, KRAIG**
STREET ADDRESS **935 HAMILTON PLACE LANE**
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Linda Mayhugh

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

3/23/04

Date

863 6861400

Daytime Phone #