


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90013 006 ****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 - No P.O. Box # 4259 S. Florida Ave.		3. Mailing Address 4259 S. Florida Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland, Florida		City & State Lakeland, FL		4. FEI Number 59-3680195	
Zip 33813		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYHUGH, LINDA 1125 US HWY 98 S SUITE 200 LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Mayhugh, Linda Street Address (P.O. Box Number is Not Acceptable) 4259 S. Florida Ave. City Lakeland FL Zip Code 33813			
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 <u>Linda Mayhugh</u> DATE <u>1/08/07</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADVANTAGE TRAVEL, LC 1125 US HIGHWAY 98 SOUTH, SUITE 200 LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4259 S. Florida Ave. Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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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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
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Linda Mayhugh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>1/8/07</u> Daytime Phone # <u>863 686 1400</u>	