

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000002016

1. Entity Name
TOTAL CARE STAFFING SERVICES, L.L.C.



Principal Place of Business
**2655 LEJEUNE ROAD, SUITE 1000
CORAL GABLES, FL 33134**

Mailing Address
**2655 LEJEUNE ROAD, SUITE 1000
CORAL GABLES, FL 33134**



08282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1074880

Applied F
Not Applic

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ESPINO, MARIO
2655 LEJEUNE ROAD, SUITE 1000
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

U000000171348
09/01/04-80002-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ESPINO, MARIO
STREET ADDRESS	8319 S.W. 193RD STREET
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

Aug 28, 2004