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FILED
Jun 24, 2002 8:00 am
Secretary of State
05-28-2002 91532 014 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004640

1. Entity Name

FLORIDA STAFF LEASING LLC

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[redacted]

94382

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2. Principal Place of Business	3. Mailing Address
770 Ponce de Leon Blvd	770 Ponce de Leon Blvd
Suite, Apt. #, etc. SUITE 210	Suite, Apt. #, etc. SUITE 210
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 65-1086993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name TSIMOGIANNIS, JOHNNY

Street Address (P.O. Box Number is Not Acceptable) 770 Ponce de Leon Blvd #210

City CORAL GABLES FL Zip Code 33134

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	COO, Managing Member
NAME	METSCH, LOUIS A. IV
STREET ADDRESS	1455 NW 14 ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	CEO, Managing Member
NAME	TSIMOGIANNIS, JOHNNY
STREET ADDRESS	770 Ponce de Leon Blvd
CITY-ST-ZIP	CORAL GABLES, FL 33134
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CR2E083B (12/01)

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: _____ 4/30/02 305 444-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #