

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90092 034 ****50.00

DOCUMENT # L01000015605

1. Entity Name

STAFFCONNECTIONS, LLC

Principal Place of Business

**1921 PRIMROSE LN
 WELLINGTON FL 33414-8684**

Mailing Address

**1921 PRIMROSE LN
 WELLINGTON FL 33414-8684**

2. Principal Place of Business

**2169 GREENVIEW COVE DR
 Suite, Apt. #, etc.**

3. Mailing Address

**2169 GREENVIEW COVE DR.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

WELLINGTON FL

City & State

WELLINGTON FL

4. FEI Number

EIN 65-1141806

Applied For

Not Applicable

Zip

Country

33414

Zip

Country

33414

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**FLASTER, ROBERT J
 1885 SHOWER TREE WAY
 WELLINGTON FL 33414-5867**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **D**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **MANAGING MEMBER
 TERRY A. CLARK
 2169 GREENVIEW COVE DR.
 WELLINGTON, FL 33414**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 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:

Terry A. Clark

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

4/7/02

Date

561-682-6336

Daytime Phone #

CR2E083 (9/01)