

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000015605

**Entity Name:** STAFFCONNECTIONS, LLC

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2169 GREENVIEW COVE DR  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

2169 GREENVIEW COVE DR  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 65-1141806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CLARK, TERRY A  
2169 GREENVIEW COVE DRIVE  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CLARK, TERRY A  
**Address:** 2169 GREENVIEW COVE DR  
**City-St-Zip:** WELLINGTON, FL 33414

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date