APR-25-2002 02:54PM FROM-PENNINGTON LAW FIRM 8506813241

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90056 034 ****50.00

DOCUMENT # L01000017151

1. Entity Name: Workstaff Personnel of Florida, LLC

951565

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1140 Capital Circle SE	PO Box 257
Suite, Apt. #, etc.: Suite 10	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Thomasville, GA
Zip: 32302 Country: Leon	Zip: 31799 Country: Thomas

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4. FEI Number: 58-2665538 ☐ 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: Ken Cone

Street Address (P.O. Box Number is Not Acceptable): 1140 Capital Circle SE, Suite 10

City: Tallahassee FL Zip Code: 32301

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: Ken Cone, Registerd Agent DATE: 4/25/02
Signature, type or print name of registered agent and title if applicable

FEE IS $80.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	P
NAME	Ken Cone
STREET ADDRESS	1140 Capital Circle SE, Ste.1
CITY-ST-ZIP	Tallahassee, Fl 32301

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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: Ken Cone 4/25/02 229/226-2909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #