LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90007 019 ****50.00

DOCUMENT # L01000021387

1. Entity Name

T L S STAFFING, LLC

945932

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
405 Reo St.	
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33609 Country	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0030277 ☐ 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: Darvin Boothe, Jr.

Street Address (P.O. Box Number is Not Acceptable): 4639 Chancellor Cir NE

City: St. Petersburg FL Zip Code: 33703

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: D. Boothe, Darvin Boothe, Jr. DATE: 2/12/02
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	MGRM
NAME	Darvin Boothe, Jr.
STREET ADDRESS	4639 Chancellor Cir NE
CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	MGRM
NAME	John Freeman
STREET ADDRESS	14834 Feather Cove Ln.
CITY-ST-ZIP	Clearwater, FL 33762
TITLE	MGRM
NAME	Cory Jensen
STREET ADDRESS	14798 Feather Cove Rd.
CITY-ST-ZIP	Clearwater, FL 33762
TITLE	MGRM
NAME	Matt Spanke
STREET ADDRESS	322 E. Central Blvd. #1908
CITY-ST-ZIP	Orlando, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: D. Boothe 2/12/02 813.286.9888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #