

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021387

Entity Name: T L S STAFFING, LLC

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

11940 SHELDON RD
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

11940 SHELDON RD
TAMPA, FL 33626

New Mailing Address:

FEI Number: 80-0030277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOTHE, DARVIN JR
10626 TAVISTOCK DRIVE
TAMPA, FL 33626 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: MGRM () Delete
Name: BOOTHE, DARVIN JR
Address: 10626 TAVISTOCK DRIVE
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: FREEMAN, JOHN
Address: 11527 MERIDIAN POINT DR
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: JENSEN, CORY
Address: 16108 IVY LAKE DRIVE
City-St-Zip: ODESSA, FL 33556

Title: MGRM () Delete
Name: SPANKE, MATT
Address: 4209 SAN PEDRO STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: A. DARVIN BOOTHE

PRES

04/25/2007

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