

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90031 047 ****50.00

DOCUMENT # L01000021387

1. Entity Name

T L S STAFFING, LLC



Principal Place of Business

**405 REO STREET, SUITE 110
TAMPA FL 33609**

Mailing Address

**405 REO STREET, SUITE 110
TAMPA FL 33609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **80-0030277**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOOTHE, DARVIN JR
4639 CHANCELLOR CIR NE
SAINT PETERSBURG FL 33703**

Name **Boothe, Darvin Jr.**

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

10626 Tavistock Dr.

City **Tampa**

FL

Zip Code **33626**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **BOOTHE, DARVIN JR**
STREET ADDRESS **4639 CHANCELLOR CIR NE**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Boothe, Darvin Jr.**
STREET ADDRESS **10626 Tavistock Dr.**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE **MGRM** ☐ Delete
NAME **FREEMAN, JOHN**
STREET ADDRESS **14798 FEATHER COVE CIR**
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **MGRM** ☐ Delete
NAME **JENSON, CORY**
STREET ADDRESS **14798 FEATHER COVE LANE**
CITY-ST-ZIP **CLEARWATER FL 33762**

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

TITLE **MGRM** ☐ Delete
NAME **SPANKE, MATT**
STREET ADDRESS **322 E. CENTRAL BLVD. #1908**
CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Spanke, Matt**
STREET ADDRESS **2421 W. Horatio St., Apt. 825**
CITY-ST-ZIP **Tampa, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
Darvin Boothe, Jr., 1/28/03

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

Date

Daytime Phone #

CR2E083 (10/02)