

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 012 *****50.00

DOCUMENT # L01000022048

1. Entity Name

ATLAS RECRUITING, LLC

924940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11504 North 56th St.
Suite, Apt. #, etc.

3. Mailing Address

11504 North 56th St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Temple Terrace FL		City & State Temple Terrace FL		4. FEI Number 59-3755647	Applied For Not Applicable
Zip 33617	Country USA	Zip 33617	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Tonyia Simpson

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

8409 Anglers Point Drive

City

Temple Terrace

FL

Zip Code

33637

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

Signature, typed or printed name of registered agent and title if applicable.

2/9/02
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sean L-Petit 8409 Anglers Point Drive Temple Terrace, FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jason Thompson 8305 Fishermans Point Drive Temple Terrace FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tonyia Simpson 8409 Anglers Point Drive Temple Terrace FL 33637	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:

Tonyia Simpson

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

2/9/02
Date

813-943-8353
Daytime Phone #

CR2E083B (12/01)