


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90192 004 ****50.00

DOCUMENT # L02000000102					
1. Entity Name LTC STAFFING SERVICES, LLC					
Principal Place of Business 5300 WEST 16TH AVENUE HIALEAH, FL 33012			Mailing Address 5300 WEST 16TH AVENUE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # 4 West Dania Beach Blvd		3. Mailing Address 4 West Dania Beach Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172007 Chg-LLC CR2E083 (12/06)	
City & State Dania, FL		City & State Dania, FL		4. FEI Number 37-1419817	
Zip 33004		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORP.DIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name KC Cross Street Address (P.O. Box Number is Not Acceptable) 4 West Dania Beach Blvd City Dania FL Zip Code 33004		
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 _____ DATE <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, KC 5300 WEST 16TH AVENUE HIALEAH, FL 33012			TITLE NAME STREET ADDRESS CITY-ST-ZIP	4 West Dania Beach Blvd Dania, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____				Date <u>4/26/07</u> Daytime Phone # <u>954 367-4563</u>	