

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90094 005 ****50.00

DOCUMENT # L02000004366			
1. Entity Name STAFF SERVICING SYSTEMS, LLC			
Principal Place of Business 1406 FLETCHER STREET HOLLYWOOD, FL 33020		Mailing Address 1406 FLETCHER STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



06242004 Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1423383	Applied For
APPLIED FOR	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHAVIANO, RALPH 1406 FLETCHER STREET HOLLYWOOD, FL 33020		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAVIANO, RALPH 1406 FLETCHER STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ralph Chaviano - Manager* **6/24/04** **305-494-2102**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Law Offices of
CUERVO & PARKS, P.A.

Attachment 14024435
L02000004366

June 24, 2004

1940 Harrison Street
Suite 302
Hollywood, FL 33020
(954) 923-8260
(954) 925-1540 (Fax)

Via First Class U.S. Mail

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Client/Matter: STAFF SERVICING SYSTEMS, LLC.
SUBJECT: Filing UBR with Fee for 2004
Our File#: 20267

Dear Sir/Madam:

Our office represents STAFF SERVICING SYSTEMS, LLC., a Florida Limited Liability Company registered in February 2002. Enclosed for filing is our client's fully executed Annual Report for 2004 as well as our client's check in the sum of \$50.00 for 2004.

Should you have any questions regarding the above matter, please do not hesitate to contact the company's president, Ralph Chaviano (305) 494-2102 or our office directly.

Thank you in advance for your anticipated cooperation and favorable consideration in this matter.

Very truly yours,


Steven N. Parks

SNP:me
Enclosures

cf: Ralph Chaviano
STAFF SERVICING SYSTEMS, LLC.