

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/22/2003-90175-001-\$150.00-\$50.00

0022636

DOCUMENT # L02000017130

1. Entity Name
AMANDA STAFFING GROUP, LLC



03 OCT -6 AM 8:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MIJW

Principal Place of Business
**770 E. MARKET STREET
SUITE 130
WEST CHESTER PA 19382**

Mailing Address
**770 E. MARKET STREET
SUITE 130
WEST CHESTER PA 19382**

2. Principal Place of Business
**780 E Market St
Suite, Apt. #, etc. Suite 120
City & State West Chester, PA
Zip 19382 Country USA**

3. Mailing Address
**780 E Market St
Suite, Apt. #, etc. Suite 120
City & State West Chester, PA
Zip 19382 Country USA**



10/6 ☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
46-0490114

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**KANOUSE & WALKER, P.A.
2255 GLADES ROAD
SUITE 324 ATRIUM
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent
**Charles B. Miller
Street Address (P.O. Box Number is Not Acceptable)
500 Phillips Dr
City Boca Raton FL Zip Code 33432**

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 **Charles B. Miller** DATE **8-27-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VAN SOEST, DAVID 770 E. MARKET STREET, SUITE 130 WEST CHESTER PA 19382 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Van Soest, David N. 780 E. Market St. Suite 120 West Chester PA 19382 <input checked="" 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
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: **Signature Required** DATE **8/27/03** DAYTIME PHONE **610-429-4111**

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

CR2E083 (4/03)