

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90356 035 \*\*\*\*50.00

<b>DOCUMENT # L02000019606</b>					
<b>1. Entity Name</b> STAFF SERVICES LEASING, LLC					
<b>Principal Place of Business</b> 800 LOMAX STREET SUITE 104 JACKSONVILLE, FL 32204			<b>Mailing Address</b> PO BOX 5944 JACKSONVILLE, FL 32247		
<b>2. Principal Place of Business</b> 1104 Osceola St Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1104 Osceola St Suite, Apt. #, etc.			
<b>City &amp; State</b> Jacksonville FL		<b>City &amp; State</b> Jacksonville FL		04212004    Chg-LLC    CR2E083 (10/03)	
<b>Zip</b> 32204		<b>Country</b> USA		<b>4. FEI Number</b> 54-2065319	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> SHANK, WILLIAM 1104 OSCEOLA STREET JACKSONVILLE, FL 32204			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> WILLIAM, SHANK <b>STREET ADDRESS</b> 1104 OSCEOLA STREET <b>CITY - ST - ZIP</b> JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Glenda Smith <b>STREET ADDRESS</b> 1104 Osceola St. <b>CITY - ST - ZIP</b> Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> Raynell Aaron <b>STREET ADDRESS</b> 1104 Osceola St <b>CITY - ST - ZIP</b> Jacksonville, FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> Raynell Aaron    Raynell Aaron    4/31/04    904-389-6321					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					