

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019606

FILED  
Apr 18, 2006  
Secretary of State

Entity Name: STAFF SERVICES LEASING, LLC

**Current Principal Place of Business:**

1104 OSCEOLA ST  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1104 OSCEOLA ST  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 54-2065319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHANK, WILLIAM  
1104 OSCEOLA STREET  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

SMITH, GLENDA OWNER  
1104 OSCEOLA STREET  
JACKSONVILLE, FL 32204 US

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: GLENDA SMITH

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILLIAM, SHANK  
Address: 1104 OSCEOLA STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR ( ) Delete  
Name: SMITH, GLENDA  
Address: 1104 OSCEOLA ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR (X) Delete  
Name: AARON, RAYNELL  
Address: 1104 OSCEOLA ST  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SMITH, GLENDA OWNER  
Address: 1104 OSCEOLA STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR (X) Change ( ) Addition  
Name: AARON, RAYNELL OWNER  
Address: 1104 OSCEOLA ST.  
City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYNELL AARON

SEC

04/18/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date