

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019788

Entity Name: FLEXSTAFF, LLC

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

5601 CORPORATE WAY
SUITE 204
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

5601 CORPORATE WAY
SUITE 204
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 03-0481156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VILLABLANCA, JAIME
Address: 5601 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: HOPSON, ROBERT
Address: 5601 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: HOLTER, ARTHUR S
Address: 5601 CORPORATE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES:

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

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

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 Section 119.07(3)(i), 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: JAIME VILLABLANCA

CEO

03/24/2005

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