

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026704

Entity Name: STAFF SAVINGS, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

6355 NW 36 STREET
SUITE 500
MIAMI, FL 33166

New Principal Place of Business:

6355 NW 36 STREET
SUITE 500
MIAMI, FL 33133

Current Mailing Address:

13615 S. DIXIE HIGHWAY
SUITE 114518
MIAMI, FL 331767254

New Mailing Address:

18495 S. DIXIE HIGHWAY
SUITE 116
MIAMI, FL 331576817

FEI Number: 20-1078272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HILL, MARLON A ESQ.
200 S. BISCAYNE BLVD., SUITE 2680
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

FELTON, CHRISTOPHER R
18495 S. DIXIE HIGHWAY
SUITE 116
MIAMI, FL 331576817 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: CHRISTOPHER R FELTON

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELTON, CHRISTOPHER R
Address: 11330 S.W. 164TH STREET
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: URRRA, MARTIN
Address: 7860 S.W. 120TH PLACE
City-St-Zip: MIAMI, FL 33183

ADDITIONS/CHANGES:

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 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: CHRISTOPHER R FELTON

MGRM

04/30/2007

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