

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000029457

1. Entity Name
BOARD CERTIFIED STAFFING, LLC



FILED

2007 DEC 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2800 4TH STREET NORTH
SUITE 191
ST. PETERSBURG, FL 33704

Mailing Address
2800 4TH STREET NORTH
SUITE 191
ST. PETERSBURG, FL 33704

2. Principal Place of Business - No P.O. Box #
8806 29 STREET E.
Suite, Apt. #, etc.

3. Mailing Address
6312 U.S. Hwy 301 N.
Suite, Apt. #, etc.
175

11292007 Chg-LLC CR2E083 (12/06)

City & State
PARRISH, FL

City & State
ELLINGTON, FL

4. FEI Number
20-0146277

Applied For
Not Applicable

Zip
34219 Country
MANATEE

Zip
34222 Country
MANATEE

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

8. Name and Address of Current Registered Agent

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GIBSON, PAUL B
2800 4TH STREET NORTH, SUITE 191
SAINT PETERSBURG, FL 33704 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AGNES M. WOLFE
8806 29 ST E
PARRISH, FL 34219 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900113427809
12/27/07--01017--006 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

AGNES M. WOLFE

12/14/07

941-586-2940

Date

Daytime Phone #