2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000040388

1. Entity Name
TUSK STAFFING LLC

Principal Place of Business

1200 NORTH FEDERAL HIGHWAY SUITE 200

BOCA RATON, FL 33432 US

Mailing Address

1200 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 US FILED Mar 24, 2005 8:00 am Secretary of State

03-24-2005 90204 039 ****50.00

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02112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number			Applied For
87-0711855	ŀ		Not Applicable
- 0 00 1 101 1 0 1 1	\$5.0	n.	Additional

6. Name and Address of Current Registered Agent

CAYUSO, JAMIE 1200 NORTH FEDERAL HIGHWAY SUITE 200 BOCA RATON, FL 33432 -

the obligations of registered agent

SIGNATURE:

DO	NOT	WRITE
IN .	THIS	SPACE

,		*	metals in a director compart. A		.]
SIGNATUR	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE	
,	Filing Fee is \$50.00 Due by May 1, 2005	:		•	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRE CITY-ST-ZIP	MGR CAYUSO, JAMIE SS 2649 NE 27TH ST LIGHTHOUSE POINT, FL 33064		ADDRESS	CHAMBE	
TITLE NAME STREET ADDRE CITY-ST-ZIP	ss		1249 SW RXA	12 Ave RAPON 33486	
TITLE NAME STREET ADDRE CITY-ST-ZIP			F	33486	to Successful to
TITLE NAME STREET ADDRE CITY-ST-ZIP	ss			* • •	
TITLE NAME STREET ADDRE CITY+ST-ZIP	ss				
TITLE NAME STREET ADDRE CITY-ST-ZIP	ss	- -		A Commence of the Commence of	
indica	by certify that the information supplied with this filing does not q ted on this report is true and accurate and that my signature sha I liability company or the receiver or trustee empowered to exec	all have the same	legal effect as if made under oath; that	I am a managing member of	that the information manager of the

AND TYPED OR PRINTED NAME OF SIGNAL MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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