

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050425

Entity Name: STAFFMASTERS, LLC

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

2811 TAMIAMI TRAIL
UNIT Q
PRT CHARLOTTE, FL 33952

Current Mailing Address:

2811 TAMIAMI TRAIL
UNIT Q
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

2811 TAMIAMI TRAIL
UNIT Q
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 77-0616526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

PERNILLE, OSTBERG
8000 N FEDERAL HWY
SUITE 201
BOCA RATON, FL 33487 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: PERNILLE OSTBERG

04/08/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ELKINS, ROBERT
Address: 5150 N TAMIAMI TRAIL, STE 403
City-St-Zip: NAPLES, FL 34103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ELKINS, ROBERT
Address: 2811 TAMIAMI TRAIL, UNIT Q
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM () Change (X) Addition
Name: OSTBERG, PERNILLE
Address: 8000 N FEDERAL HWY, STE 201
City-St-Zip: BOCA RATON, FL 33487

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: PERNILLE OSTBERG

MGRM

04/08/2005

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