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May 20, 2005 8:00 am
Secretary of State
04-27-2005 90032 020 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055931

1. Entity Name
SPEEDY RE-EMPLOYMENT, LLC

30006667

Principal Place of Business	Mailing Address
223 N.E. 5TH AVENUE DELRAY BEACH, FL 33444	P.O. BOX 3107 DELRAY BEACH, FL 33447

04142005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	P.O. Box 8049
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DELRAY BEACH FL
Zip / Country	Zip: 33482 Country: USA

4. FEI Number: 20-0551334 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REY, KEVIN T 223 N.E. 5TH AVENUE DELRAY BEACH, FL 33444	Name: JAMES P. FENOGLIO Street Address (P.O. Box Number is Not Acceptable): 223 N.E. 5TH AVENUE City: DELRAY BEACH FL Zip Code: 33483

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] JAMES P FENOGLIO, CFO 4/25/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZENO, RAFAEL 2517 CLARESIDE DRIVE VALRICO, FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VECTOR FAMILY INVESTMENTS, LLC P.O. BOX 97 DLERAY BEACH, FL 33447	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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 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] BEHN WILSON 4/21/05 (561)279-1650 #1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #