

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90121 001 ****50.00

DOCUMENT # L04000023430					
1. Entity Name BEST PERSONNEL LLC					
Principal Place of Business 609 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 US			Mailing Address 609 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1285752	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VENABLES, MARK 609 SOUTH RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	VENABLES, MARK	NAME			
STREET ADDRESS	609 SOUTH RIDGEWOOD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	VENABLES, CLAIRE	NAME			
STREET ADDRESS	609 SOUTH RIDGEWOOD AVENUE	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 TYPE OF OFFICER OR AUTHORIZING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date				Daytime Phone #	