

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030530

FILED
Jul 25, 2006
Secretary of State

Entity Name: ORANGE COUNTY STAFFING "L.L.C."

Current Principal Place of Business:

750 S. 0BT., SUITE 204
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

PO BOX 574995
ORLANDO, FL 328574995

New Mailing Address:

FEI Number: 34-1988445 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INGRAM, DEWAYNE O
3700 CURRY FORD RD C-9
ORLANDO, FL 32806 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INGRAM, DEWAYNE O
Address: 3700 CURRY FORD RD C-9
City-St-Zip: ORLANDO, FL 32806

Title: MGRM () Delete
Name: INGRAM, GAIL D
Address: 2603 AVE Q
City-St-Zip: FT PIERCE, FL 34950

Title: MGRM () Delete
Name: INGRAM, CLEVELAND SR.
Address: 2603 AVE. Q
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEWAYNE INGRAM

MR.

07/25/2006

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