

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045093

FILED
Mar 27, 2009
Secretary of State

Entity Name: KFORCE STAFFING SOLUTIONS OF CALIFORNIA, LLC

Current Principal Place of Business:

1001 EAST PALM AVENUE
TAMPA, FL 33605

New Principal Place of Business:

1001 EAST PALM AVE
TAMPA, FL 33605

Current Mailing Address:

1001 EAST PALM AVENUE
TAMPA, FL 33605

New Mailing Address:

1001 EAST PALM AVE
TAMPA, FL 33605

FEI Number: 05-0604274

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:

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: MGR () Delete
Name: DUNKEL, DAVID L
Address: 1001 E PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR (X) Delete
Name: SANDERS, WILLIAM L
Address: 1001 E PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR (X) Delete
Name: KELLY, DAVID M
Address: 1001 E PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR (X) Delete
Name: GENSHINO-KELLY, JUDY
Address: 1001 E PALM AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR (X) Delete
Name: HURLEY, MICHAEL R
Address: 1001 E PALM AVE
City-St-Zip: TAMPA, FL 33605

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KFORCE, INC.,
Address: 1001 EAST PALM AVE
City-St-Zip: TAMPA, FL 33605

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

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 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: JANE LOUIS

POA

03/27/2009

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