

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

03-08-2005 90026 002 ****50.00

DOCUMENT # L04000045507			
1. Entity Name TITAN STAFFING, LLC			
Principal Place of Business 4052 WELLINGTON PARKWAY PALM HARBOR, FL 34685		Mailing Address 4052 WELLINGTON PARKWAY PALM HARBOR, FL 34685	
2. Principal Place of Business 100 W Kennedy Blvd Suite, Apt. #, etc. Suite 250 City & State Tampa, FL Zip 33602 Country US		3. Mailing Address 100 W Kennedy Blvd Suite, Apt. #, etc. Suite 250 City & State Tampa, FL Zip 33602 Country US	
		4. FEI Number 20-1393928	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LICATA, VINCENT 4052 WELLINGTON PARKWAY PALM HARBOR, FL 34685		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 _____ DATE _____ Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reappointing)			
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	
Vincent Licata ☐ Delete 100 W. Kennedy Blvd / Ste 250 TAMPA, FL 33602		☐ Change ☐ Addition	
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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: Vincent Licata		3-1-05 813 229-6600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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