

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000045507

1. Entity Name

TITAN STAFFING, LLC



Principal Place of Business

100 W. KENNEDY BLVD.  
SUITE 250  
TAMPA FL 33602

Mailing Address

100 W. KENNEDY BLVD.  
SUITE 250  
TAMPA FL 33602

2. Principal Place of Business

1487 Gulf to Bay Blvd  
Suite, Apt. #, etc.

3. Mailing Address

1487 Gulf to Bay Blvd  
Suite, Apt. #, etc.

City & State

Clearwater Florida  
Zip 33755 Country USA

City & State

Clearwater Florida  
Zip 33755 Country USA

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE P ☐ Delete  
NAME LICATA, VINCENT  
STREET ADDRESS 100 W. KENNETH BLVD., SUITE 250  
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000066512100  
CITY-ST-ZIP 02/23/06--01054--001 \*\*350.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Phone #

FILED  
06 FEB 22 PM 2:34  
TALLAHASSEE



1st MOORE

CR2E083 (10/05)

1-31-06