

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002729

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** STAFFING SOLUTIONS OF THE TREASURE COAST, LLC

**Current Principal Place of Business:**

10010 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

10010S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 41-2163816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

D'AGATA, CHARLES R  
10010 S. FEDERAL HIGHWAY  
PORT ST. LUCIE, FL 34952 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: MGRM ( ) Delete  
Name: D'AGATA, JOYCE  
Address: 2552 SE MORNINGSIDE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: D'AGATA, CHARLES R  
Address: 2552 SE MORNINGSIDE BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGR ( ) Change (X) Addition  
Name: DARGAN, JODI  
Address: 10010 S. FEDERAL HWY  
City-St-Zip: PORT ST. LUCIE, FL 34952

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:** CHARLES R. D'AGATA

MGRM

04/14/2009

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