


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90400 039 ***138.75

DOCUMENT # L05000003428

1. Entity Name
TECHNICAL PERSONNEL SOLUTIONS, "LLC"



Principal Place of Business Mailing Address
771 NE 69TH STREET **771 NE 69TH STREET**
BOCA RATON, FL 33487 **BOCA RATON, FL 33487 US**

60011867



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7181 NE 8th Drive **7181 NE 8th Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State City & State
BOCA RATON Florida **BOCA RATON Florida**
 Zip Country Zip Country
33487 US **33487 US**

4. FFI Number: Applied For
20-8951165 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

ROULAN, PAMELA
771 NE 69TH STREET
BOCA RATON, FL 33487

Name **ROULAN PAMELA**
 Street Address (P.O. Box Number is Not Acceptable)
7181 NE 8th Drive
 City **BOCA RATON** FL Zip Code **33487**

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

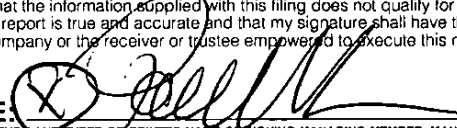
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROULAN, PAMELA S 771 NE 69TH STREET BOCA RATON, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROULAN PAMELA S. BOCA RATON FLORIDA 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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  Date **2-26-08** Daytime Phone # **561-573-8686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE