

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000005989

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** OFFICE RESOURCE AND STAFFING CENTER LLC

**Current Principal Place of Business:**

908 SW 155 CT  
MIAMI, FL 33194

**New Principal Place of Business:**

**Current Mailing Address:**

908 SW 155 CT  
MIAMI, FL 33194

**New Mailing Address:**

PO BOX 940485  
MIAMI, FL 33194

**FEI Number:** 20-2264865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINTEROS, ANA W  
908 SW 155 CT  
MIAMI, FL 33194 US

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

GUIMBARD, ANA W  
908 SW 155 CT  
MIAMI, FL 33194 US

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: ANA GUIMBARD

04/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PTNR  
Name: QUINTEROS, ANA W  
Address: 908 SW 155 CT  
City-St-Zip: MIAMI, FL 33194

Title: PTNR  
Name: GUIMBARD, ANA  
Address: 908 SW 155 CT  
City-St-Zip: MIAMI, FL 33194

I hereby 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: ANA GUIMBARD

MGR

04/20/2010

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