

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025658

FILED  
Jan 24, 2007  
Secretary of State

Entity Name: CENTRAL FLORIDA STAFFING SOLUTIONS

**Current Principal Place of Business:**

603 6TH ST NW  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

603 6TH ST NW  
WINTER HAVEN, FL 33881

**New Mailing Address:**

FEI Number: 20-2492822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICHERT, BART W  
331 3RD ST NW  
WINTER HAVEN, FL 33881 US

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

RICHERT, BART W  
603 6TH ST NW  
WINTER HAVEN, FL 33881 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:

01/24/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHERT, BART  
Address: 331 3RD ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM ( ) Delete  
Name: TRINKLEIN, STEVE  
Address: 331 3RD ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM ( ) Delete  
Name: RICHERT, DWIGHT  
Address: 331 3RD ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RICHERT, BART  
Address: 603 6TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM (X) Change ( ) Addition  
Name: TRINKLEIN, STEVE  
Address: 603 6TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM (X) Change ( ) Addition  
Name: RICHERT, DWIGHT  
Address: 603 6TH ST NW  
City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE TRINKLEIN

D

01/24/2007

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