

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000037034

Entity Name: SENDASTAFF, LLC

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8855 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

8855 SAN JOSE BLVD.  
JACKSONVILLE, FL 32217

**New Mailing Address:**

FEI Number: 02-0742404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAGAYAN, BRYAN  
11522 SUMMER BROOK CT  
JACKSONVILLE, FL 32258 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: AUD  
Name: BESTOYONG, ARMINDA  
Address: 267 TOPSAIL DRIVE  
City-St-Zip: PONTE VEDRA, FL 32081

Title: P  
Name: CAGAYAN, BRYAN  
Address: 11522 SUMMER BROOK COURT  
City-St-Zip: JACKSONVILLE, FL 32258

Title: CFO  
Name: CO, ERWIN  
Address: 9745 TOUCHTON ROAD #1824  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM  
Name: MARIA, FERNANDO STA.  
Address: 1097 FLORA PARKE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP  
Name: BUCKINGHAM, CHERYL  
Address: 297 CAROLINA JASMINE LANE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM  
Name: RAFAEL, VENER  
Address: 4533 SUMMER WALK CT.  
City-St-Zip: JACKSONVILLE, FL 32258

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: YOHAN SOOKDEO

MGR

01/09/2012

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