

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90050 043 ****50.00

20031297



DOCUMENT # L05000077606 1. Entity Name STARBRIDGE HR SOLUTIONS, LLC					
Principal Place of Business 331 S. FLORIDA AVENUE, SUITE 400 LAKELAND, FL 33801			Mailing Address 331 S. FLORIDA AVENUE, SUITE 400 LAKELAND, FL 33801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3279733	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKWOOD, PETER T 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA, FL 33606			7. Name and Address of New Registered Agent Name Selva, Donald R. Street Address (R.O. Box Number is Not Acceptable) 331 S. Florida Ave. Suite 400 City Lakeland FL Zip Code 33801		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			President Selva, Donald R. 331 S. Florida Ave Ste 400 Lakeland, FL 33801-4626		
			Secretary Savett, Darlene D. 331 S. Florida Ave. Suite 400 Lakeland, FL 33801-4626		
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: Donald R. Selva 3/31/06 863-657-4010 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					