

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092143

Entity Name: BLUEWATER STAFFING, LLC

FILED  
Sep 03, 2008  
Secretary of State

**Current Principal Place of Business:**

4604 49TH STREET NORTH  
SUITE 11  
ST PETERSBURG, FL 33709 US

**New Principal Place of Business:**

**Current Mailing Address:**

4604 49TH STREET NORTH  
SUITE 11  
ST. PETERSBURG, FL 33709 US

**New Mailing Address:**

FEI Number: 02-0749779      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JENKINS, LAURA M  
3534 OVERLOOK DRIVE NE  
ST PETERSBURG, FL 33703 US

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

BARBIN, LAURA M  
844 27TH AVENUE NORTH  
ST PETERSBURG, FL 33704 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: LAURA M BARBIN

09/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS ( ) Delete  
Name: JENKINS, LAURA M MGR  
Address: 4604 49TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33709

**ADDITIONS/CHANGES:**

Title: MRS (X) Change ( ) Addition  
Name: BARBIN, LAURA M MGR  
Address: 4604 49TH STREET NORTH  
City-St-Zip: ST PETERSBURG, FL 33709

I hereby certify that the information supplied with this filing does not qualify 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: LAURA M BARBIN

PRES

09/03/2008

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