

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118444

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: INSTAFF SOLUTIONS, L.L.C.

## Current Principal Place of Business:

12889 S.W. 21 STREET  
MIRAMAR, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

12889 S.W. 21 STREET  
MIRAMAR, FL 33027

## New Mailing Address:

FEI Number: 20-3944559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HERRERA, LISSETTE  
12889 S.W. 21 STREET  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

HERRERA, ABEL A  
12889 S.W. 21 STREET  
MIRAMAR, FL 33027 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: ABEL HERRERA

04/15/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HERRERA, LISSETTE  
Address: 12889 S.W. 21 STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM ( ) Delete  
Name: HERRERA, ABEL A  
Address: 12889 S.W. 21 STREET  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HERRERA, ABEL A  
Address: 12889 S.W. 21 STREET  
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Change ( ) Addition  
Name: HERRERA, LISSETTE  
Address: 12889 S.W. 21 STREET  
City-St-Zip: MIRAMAR, FL 33027

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: ABEL HERRERA

MGR

04/15/2009

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