

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022022

FILED
May 01, 2007
Secretary of State

Entity Name: INTEGRATED STAFFING OPTIONS, L.L.C.

Current Principal Place of Business:

2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

New Principal Place of Business:

2725 BLACKWOOD DRIVE
CANTONMENT, FL 32533

Current Mailing Address:

2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

New Mailing Address:

2725 BLACKWOOD DRIVE
CANTONMENT, FL 32533

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

BORDELON & SCHULTZ LAW FIRM, P.L.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BRYAN, DAVID
Address: 2725 BLACKWOOD DRIVE
City-St-Zip: CANTONMENT, FL 32533

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: DAVID BRYAN

MGRM

05/01/2007

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