

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031115

FILED  
Jan 12, 2007  
Secretary of State

**Entity Name:** PACIFIC PAY SYSTEMS STAFFING, LLC

**Current Principal Place of Business:**

6450 COLLINS AVE., SUITE 902  
MIAMI BEACH, FL 33141

**New Principal Place of Business:**

1940 N. COMMERCE PARKWAY  
WESTON, FL 33026

**Current Mailing Address:**

6450 COLLINS AVE., SUITE 902  
MIAMI BEACH, FL 33141

**New Mailing Address:**

1940 N. COMMERCE PARKWAY  
WESTON, FL 33026

**FEI Number:** 20-4763533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

H.A. INCORPORATED  
308 NW 101 TERRACE  
CORAL SPRINGS, FL 33071 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: MGRM ( ) Delete  
Name: MONTANO, ROBERT A  
Address: 6450 COLLINS AVE. SUITE 902  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, GEORGINA  
Address: 5510 CASTLEGATE AVE.  
City-St-Zip: DAVIE, FL 33326

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** GEORGINA RODRIGUEZ

MGRM

01/12/2007

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