

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033242

Entity Name: VOYAGE STAFFING, LLC

FILED
Jan 17, 2007
Secretary of State

Current Principal Place of Business:

C/O GARY D. LIPSON, ESQ.
390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801

Current Mailing Address:

C/O GARY D. LIPSON, ESQ.
390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801

New Principal Place of Business:

1485 INTERNATIONAL PARKWAY
SUITE 2051
HEATHROW, FL 32746

New Mailing Address:

1485 INTERNATIONAL PARKWAY
SUITE 2051
HEATHROW, FL 32746

FEI Number: 20-4599936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CURLEY, NOAL
Address: 1485 INTERNATIONAL PARKWAY, SUITE 2051
City-St-Zip: HEATHROW, FL 32746

Title: MGR () Change (X) Addition
Name: LEWIS, MICHAEL E
Address: 1485 INTERNATIONAL PARKWAY, SUITE 2051
City-St-Zip: HEATHROW, FL 32746

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: NOAL CURLEY

MGR

01/17/2007

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