

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033288

FILED
Jul 11, 2008
Secretary of State

Entity Name: STAFFCAF, LLC

Current Principal Place of Business:

400 KINGSPPOINT DR. #1619
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

400 KINGSPPOINT DR. #1619
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 20-5687246 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:

Name and Address of New Registered Agent:

FAUT, CHRISTIAN A
400 KINGSPPOINT DR. #1619
SUNNY ISLES BEACH, FL 33160 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: MGRM () Delete
Name: FAUT, CHRISTIAN A CEO
Address: 400 KINGSPPOINT DR. #1619
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: CRISTANCHO, GLADYS
Address: 400 KINGSPPOINT DR #1619
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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 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: CHRISTIAN FAUT

MNGR

07/11/2008

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