

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036430

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** WEST COAST STAFFING, L.L.C.

**Current Principal Place of Business:**

1505 MANGO AVENUE  
SARASOTA, FL 34237

**New Principal Place of Business:**

1663 11TH ST  
SARASOTA, FL 34236

**Current Mailing Address:**

1505 MANGO AVENUE  
SARASOTA, FL 34237

**New Mailing Address:**

PO BOX 455  
SARASOTA, FL 34230

FEI Number: 20-4677215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOLKETIN, MICHAEL  
1505 MANGO AVENUE  
SARASOTA, FL 34237 US

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

MOLKETIN, MICHAEL  
1663 11TH ST  
SARASOTA, FL 34236 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: \_\_\_\_\_

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: MOLKETIN, MICHAEL L  
Address: 1663 11TH ST  
City-St-Zip: SARASOTA, FL 34236

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: MICHAEL L MOLKETIN

MGR

04/30/2007

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