

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095662

FILED
Feb 12, 2007
Secretary of State

Entity Name: SOUTH FLORIDA STAFFING, LLC

Current Principal Place of Business:

9690 W. SAMPLE RD, SUITE 202
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

9690 W. SAMPLE RD, SUITE 202
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 36-4594265

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRELLA, CHRISTOPHER A
2146 NW 73RD TERRACE
PEMBROKE PINE, FL 33024 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: DOWNING, ANGELINE
Address: 9690 W. SAMPLE RD. #202
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: CROWLEY, ELIZBETH
Address: 9690 W. SAMPLE RD #202
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM () Delete
Name: PARRELLA, CHRISTOPHER A
Address: 2146 NW 73RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

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

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: ANGELINE DOWNING

MANA

02/12/2007

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