

L06000106505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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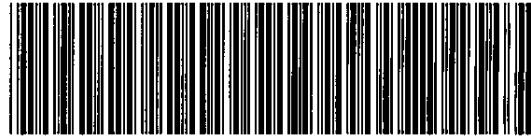
(Business Entity Name)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED STAFFING CENTERS OF AMERICA, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL ROBIN
(Name of Person)

UNITED STAFFING CENTERS OF AMERICA, L.L.C.
(Firm/Company)

2700 W. CYPRESS CREEK RD., D-134
(Address)

FT. LAUDERDALE FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL ROBIN at (954) 806 1503
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$50.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

UNITED STAFFING CENTERS OF AMERICA, L. L. C.
(Present Name)
(A Florida Limited Liability Company)

Filing Fee: \$25.00