

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114789

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** PREMIER STAFFING SOLUTIONS, LLC.

**Current Principal Place of Business:**

1200 ARTHUR ST.  
B  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1200 ARTHUR ST.  
B  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 20-8681697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KARBAN, MICHAEL  
261 NW 35TH ST.  
OAKLAND PARK, FL 33309 US

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

KARBAN, MICHAEL  
1200 ARTHUR ST.  
HOLLYWOOD, FL 33019 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: MICHAEL KARBAN

04/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KARBAN, MICHAEL  
Address: 261 NW 35TH ST.  
City-St-Zip: OAKLAND PARK, FL 33309

Title: MGRM ( ) Delete  
Name: KARBAN, MARY  
Address: 261 NW 35TH ST.  
City-St-Zip: OAKLAND PARK, FL 33309

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KARBAN, MICHAEL  
Address: PO BOX 7642  
City-St-Zip: FT. LAUDERDALE, FL 33338

Title: MGR (X) Change ( ) Addition  
Name: CAVALLO, LINDA  
Address: 833 N. RAINBOW DR.  
City-St-Zip: HOLLYWOOD, FL 33021

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 KARBAN

MGR

04/14/2008

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