

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025282

Entity Name: A & G STAFFING, LLC

FILED  
Aug 25, 2008  
Secretary of State

**Current Principal Place of Business:**

550 N. REO ST, SUITE 300  
TAMPA, FL 33609 US

**New Principal Place of Business:**

**Current Mailing Address:**

550 N. REO ST, SUITE 300  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 20-8585968      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:**

FLORIDA-INCORPORATIONS.NET INC  
3219 CORAL RIDGE DR.  
CORAL SPRINGS, FL 33065 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: ACKERMAN, BRIAN  
Address: 4016 S. WEST SHORE BLVD.  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM ( ) Delete  
Name: GJERVOLD, KELLY  
Address: 4221 W. SPRUCE ST., #1225  
City-St-Zip: TAMPA, FL 33607 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ACKERMAN, BRIAN  
Address: 3142 SAN MATEO ST.  
City-St-Zip: CLEARWATER, FL 33759 US

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: BRIAN ACKERMAN

MGRM

08/25/2008

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