

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031521

FILED
Feb 08, 2008
Secretary of State

Entity Name: PREDICTIVE STAFFING, LLC

Current Principal Place of Business:

C/O GARY D. LIPSON, ESQ.
390 NORTH ORANGE AVENUE, STE 1500
ORLANDO, FL 32802

New Principal Place of Business:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

Current Mailing Address:

C/O GARY D. LIPSON, ESQ.
390 NORTH ORANGE AVENUE, STE 1500
ORLANDO, FL 32802

New Mailing Address:

390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801

FEI Number: 14-2006958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVENUE, STE 1500
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

LIPSON, GARY D
390 NORTH ORANGE AVENUE
SUITE 1500
ORLANDO, FL 32801 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: GARY D LIPSON

02/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LIPSON, GARY D
Address: 390 NORTH ORANGE AVENUE, SUITE 1500
City-St-Zip: ORLANDO, FL 32801

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: GARY D LIPSON

MGR

02/08/2008

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