

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

DOCUMENT # L07000040525

1. Entity Name

STAFFMASTERS MARINE, LLC



FILED

08 APR 22 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

1840 SOUTHSIDE BLVD.  
SUITE 1A  
JACKSONVILLE FL 32216

Mailing Address

1840 SOUTHSIDE BLVD.  
SUITE 1A  
JACKSONVILLE FL 32216

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-8761350

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALLINGER, DAN  
1840 SOUTHSIDE BLVD.  
SUITE 1A  
JACKSONVILLE FL 32216

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME STAFFMASTERS OF JACKSONVILLE, INC.  
STREET ADDRESS 1840 SOUTHSIDE BLVD., #1A  
CITY-STATE-ZIP JACKSONVILLE FL 32216

TITLE MGR ☐ Delete  
NAME MACKENZIE, WES  
STREET ADDRESS 605 B LYNDAL CT.  
CITY-STATE-ZIP GREENVILLE NC 27858

TITLE MGR ☐ Delete  
NAME RASSETTE, CHAD  
STREET ADDRESS 410 OBERLIN RD., SUITE 429  
CITY-STATE-ZIP RALEIGH NC 27605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

600128789186  
05/08/08--01006--010 \*\*288.75

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

*Dan Ballinger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #