

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074068

Entity Name: MAGNUS STAFFING LLC

FILED
Mar 02, 2009
Secretary of State

Current Principal Place of Business:

5401 S KIRKMAN RD, STE 310
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5401 S KIRKMAN RD, STE 310
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 26-1300713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARPELLON, ALEXANDRE M
6154 WESTGATE DR.
APT 104
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

ZARPELLON, ALEXANDRE M
6278 MIRAMONTE DR
UNIT 106
ORLANDO, FL 32835 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: ALEXANDRE ZARPELLON

03/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZARPELLON, ALEXANDRE M
Address: 6154 WESTGATE DR. # 104
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM () Delete
Name: BARBOSA, DEBORAH L
Address: 6154 WESTGATE DR. # 104
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES:

Title: ADM (X) Change () Addition
Name: ZARPELLON, ALEXANDRE M
Address: 6278 MIRAMONTE DR UNIT 106
City-St-Zip: ORLANDO, FL 32835 US

Title: GM (X) Change () Addition
Name: BARBOSA, DEBORAH L
Address: 6278 MIRAMONTE DR UNIT 106
City-St-Zip: ORLANDO, FL 32835 US

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: ALEXANDRE ZARPELLON

ADM

03/02/2009

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