

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076504

Entity Name: HERITAGE STAFFING, LLC

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

C/O HERITAGE MANAGEMENT CORP  
2605 SW 33RD STREET, BUILDING #200  
OCALA, FL 34471

## New Principal Place of Business:

2605 SW 33RD ST.  
#200  
OCALA, FL 34471

## Current Mailing Address:

C/O HERITAGE MANAGEMENT CORP  
2605 SW 33RD STREET, BUILDING #200  
OCALA, FL 34471

## New Mailing Address:

P.O. BOX 2495  
OCALA, FL 34489

FEI Number: 26-0589568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH B  
C/O HERITAGE MANAGEMENT CORP  
2605 SW 33RD STREET, BUILDING #200  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

KIRKPATRICK, KENNETH B  
2605 SW 33RD STREET  
#200  
OCALA, FL 34471 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:

03/17/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KIRKPATRICK, KENNETH B  
Address: C/O HERITAGE MANAGEMENT CORP PO BOX 2495  
City-St-Zip: OCALA, FL 34471

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KIRKPATRICK, KENNETH B  
Address: 2605 SW 33RD STREET, BLDG. #200  
City-St-Zip: OCALA, FL 34471

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: KENNETH B. KIRKPATRICK

MGR

03/17/2009

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