2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1 07000070746



FILED Apr 28, 2008 8:00 am Secretary of State

P(t)

1. Entity Name CAUSEWAY TECHNOLOGY STAFFING LLC							04-28-2008	90036	030 ***1	38.75
Principal Place of Business 18913 CRESCENT ROAD ODESSA, FL 33556			Mailing Address 12157 WEST LINEBAUGH, #201 TAMPA, FL 33626		U	U U ~ ~ · ·				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							***************************************
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008	Chg-LLC	CR2E	083 (12/06)	1		
City & State		City & State			4. FEI Number 2 6 -	119302	z		pplied For	
Zip		Country	Zìp	Count	try	5. Certificate of	of Status Desired		\$5.00 Ac Fee Requir	ditional
	6. Name	and Address of Current		7. Name and	Address of New Re	egistered	Agent			
BUFANO, MARK			·-		Name	0.0.5			··	
9904 STOCKBRIDGE DRIVE TAMPA, FL 33626					Street Address (P.O. Box Number	r is Not Acceptable			
				-	City			FL	Zip Co	de
8. The above the obligat	named entit	y submits this statement fo tered agent.	r the purpose of changing its	registere	ed office or register	red agent, or both	n, in the State of Flor		- 1	, and accept
SIGNATURE.	Signature, lyped	or printed name of registered agent	and title if applicable. (NOTE	E: Registered	1 Agent signature requires	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						-		•		
			5					-	payable to nent of Sta	te
				10.	 		Florida	Departm	ent of Sta	te
After May 9. गाम	1, 2008 MGRM	Fee will be \$538.75 MANAGING MEMBE		TITLE	1			Departm	ent of Sta	te Addition
After May	MGRM POREBSI 18913 CF	Fee will be \$538.75	RS/MANAGERS	TITLE NAME STREE	1		Florida	Departm	ent of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM POREBSI 18913 CF ODESSA MGRM	MANAGING MEMBE KI, SHIRLEY A RESCENT ROAD , FL 33556	RS/MANAGERS	TITLE NAME STREE CITY-	ET ADDRESS -S1-ZIP,	-	Florida	Departm	ent of Sta	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM POREBSI 18913 CF ODESSA MGRM BUFANO 9904 STO	MANAGING MEMBER KI, SHIRLEY A RESCENT ROAD , FL 33556 , GERALYN W DCKBRIDGE DRIVE	RS/MANAGERS Delete	TITLE NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -S1-ZIP,	-	Florida	Departm	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 Chapter 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: Signature and typed on printed name of signing managing member, manager, or authorized representative

813-926-5606 Daytime Phone #