

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005962

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** BILTRES STAFFING OF TAMPA BAY, LLC

**Current Principal Place of Business:**

1272 JASMINE LAKE DR  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1272 JASMINE LAKE DR  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

FEI Number: 26-1744377      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOUGROS, CONSTANDINA  
1272 JASMINE LAKE DR  
TARPON SPRINGS, FL 34689      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BILTRES, OTTO S JR.  
Address: 10408 WHITE LAKE COURT  
City-St-Zip: TAMPA, FL 33626

Title: MGRM ( ) Delete  
Name: MOUGROS, CONSTANDINA  
Address: 1272 JASMINE LAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BILTRES, OTTO S JR.  
Address: 1272 JASMINE LAKE DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OTTO S. BILTRES JR.

MGRM

01/05/2009

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