

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000006446

FILED
Oct 17, 2009
Secretary of State

Entity Name: STAFF-RITE ENTERPRISES LLC

Current Principal Place of Business:

7130 S ORANGE BLOSSOM TRAIL
134
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

7130 S ORANGE BLOSSOM TRAIL
134
ORLANDO, FL 32809

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAXCINE, CRAWFORD
1714 FLORES COURT
ORLANDO, FL 32811 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: MAXCINE CRAWFORD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: PRES () Delete
Name: PAINE, KENNETH A
Address: 1714 FLORES COURT
City-St-Zip: ORLANDO, FL 32811

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

Title: VP () Delete
Name: PAINE, KENTON A
Address: 1714 FLORES COURT
City-St-Zip: ORLANDO, FL 32811

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

Title: TRES () Delete
Name: CRAWFORD, MAXCINE
Address: 1714 FLORES COURT
City-St-Zip: ORLANDO, FL 32811

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: MAXCINE CRAWFORD

TRE

10/17/2009

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