

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030148

FILED
Apr 28, 2009
Secretary of State

Entity Name: BEST SOLUTIONS WORKFORCE, LLC

Current Principal Place of Business:

8325 SW 72ND AVENUE
#208C
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

8325 SW 72ND AVENUE
#208C
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 26-2428541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEDNARZ, TIM
8325 SW 72ND AVENUE
#208C
MIAMI, FL 33143 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: BACALSO, MANNY
Address: 8325 SW 72ND AVENUE, #208C
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: SUBANG, JOEL
Address: 8325 SW 72ND AVENUE, #208C
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: FILIPINAS, CYRIL
Address: 8325 SW 72ND AVENUE, #208C
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: DALOCANOG, MARILYN
Address: 8325 SW 72ND AVENUE, #208C
City-St-Zip: MIAMI, FL 33143 US

Title: MGRM () Delete
Name: BEDNARZ, TIM
Address: 8325 SW 72ND AVENUE, #208C
City-St-Zip: MIAMI, FL 33143 US

ADDITIONS/CHANGES:

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

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

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

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

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: TIM BEDNARZ

MGRM

04/28/2009

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