

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052026

FILED
Apr 28, 2009
Secretary of State

Entity Name: NEOPOLITAN STAFFING, LLC

Current Principal Place of Business:

28671 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

28671 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 26-2717390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORMAN, KIMBERLY
28671 ALESSANDRIA CIRCLE
BONITA SPRINGS, FL 34135 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: NORMAN, KIMBERLY
Address: 28671 ALESSANDRIA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: NORMAN, JASON
Address: 28671 ALESSANDRIA CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

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: KIMBERLY NORMAN

MGRM

04/28/2009

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