

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094033

FILED
Aug 28, 2009
Secretary of State

Entity Name: NOBLE STAFFING PARTNERS, LLC

Current Principal Place of Business:

517 SPARROW HAWK COVE
CHULUOTA, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

517 SPARROW HAWK COVE
CHULUOTA, FL 32766 US

New Mailing Address:

FEI Number: 26-4019507 FEI Number Applied For () 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:

CREAMER, CHARLES W II
517 SPARROW HAWK COVE
CHULUOTA, FL 32766 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CREAMER, CHARLES W II
Address: 517 SPARROW HAWK COVE
City-St-Zip: CHULUOTA, FL 32766 US

Title: MGR () Delete
Name: CREAMER, BILLIE JO
Address: 517 SPARROW HAWK COVE
City-St-Zip: CHULUOTA, FL 32766 US

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: CHARLES W. CREAMER II

MR.

08/28/2009

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