

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023261

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** PRN PREMIER STAFFING, LLC

**Current Principal Place of Business:**

3709 W. HAMILTON AVE.  
#9  
TAMPA, FL 336144015 US

**New Principal Place of Business:**

**Current Mailing Address:**

3709 W. HAMILTON AVE.  
#9  
TAMPA, FL 336144015 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CONCEPCION, LEILA  
3709 W. HAMILTON AVE.  
#9  
TAMPA, FL 336144015 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: MGR  
Name: CONCEPCION, RENATO C DR.  
Address: 3709 W. HAMILTON AVE.  
City-St-Zip: TAMPA, FL 336144015 US

Title: MGRM  
Name: CONCEPCION, LEILA  
Address: 3709 W. HAMILTON AVE.  
City-St-Zip: TAMPA, FL 336144015 US

I hereby 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: LEILA CONCEPCION

MGRM

04/24/2010

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