

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000025143

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** AFFINITY MANPOWER, LLC

**Current Principal Place of Business:**

4925 16TH AVE SE  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

4925 16TH AVE SE  
NAPLES, FL 34117

**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:**

SCARINZI, CHRISTINE  
4925 16TH AVE SE  
NAPLES, FL 34117    US

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

WOJCIECHOWSKI, MARY JO  
4925 16TH AVE SE  
NAPLES, FL 34117    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: MARY JO WOJCIECHOWSKI

04/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCARINZI, CHRISTINE  
Address: 4925 16TH AVE SE  
City-St-Zip: NAPLES, FL 34117

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: CHRISTINE SCARINZI

MGR

04/26/2010

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