

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039045

Entity Name: STAFFIND, LLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1580 SAWGRASS CORP PARKWAY, STE 130  
SUNRISE, FL 33323

**New Principal Place of Business:**

1580 SAWGRASS CORPORATE PARKWAY  
SUITE # 130  
SUNRISE, FL 33323

**Current Mailing Address:**

P.O. BOX 771326  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

1580 SAWGRASS CORPORATE PARKWAY  
SUITE # 130  
SUNRISE, FL 33323

FEI Number: 28-4740439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBLES, TERESITA  
6064 STRAWBERRY FIELDS  
LAKEWORTH, FL 33463 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  
Name: WASANTHALAL, SEPALIKA M.D.  
Address: 460 PINE HOLLOW LANE  
City-St-Zip: WEST PALM BEACH, FL 334132255

Title: MGRM  
Name: ROBLES, TERESITA  
Address: 6064 STRAWBERRY FIELDS  
City-St-Zip: LAKEWORTH, FL 33463

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: MARIA TERESITA ROBLES

MGR

01/05/2010

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