

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000081498

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** INTUITIVE STAFFING SOLUTIONS LLC

**Current Principal Place of Business:**

2425 SW 27TH AVE  
908  
MIAM, FL 33145

**New Principal Place of Business:**

2332 GALIANO STREET  
224  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2425 SW 27TH AVE  
908  
MIAM, FL 33145

**New Mailing Address:**

2332 GALIANO STREET  
224  
CORAL GABLES, FL 33134

**FEI Number:** 27-3168692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RODRIGUEZ, CYNTHIA M  
2425 SW 27TH AVE  
908  
MIAMI, FL 33145 US

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

RODRIGUEZ, CYNTHIA M  
2332 GALIANO STREET  
224  
CORAL GABLES, FL 33134 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:

04/07/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RODRIGUEZ, CYNTHIA M  
Address: 2425 SW 27TH AVE 908  
City-St-Zip: MIAMI, FL 33145

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: CYNTHIA RODRIGUEZ

MS.

04/07/2011

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