

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAY -7 PM 2:05

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address  
of Limited Liability Company  
**DOCUMENT # 19970000473**  
PRS, Professional Recruiting Services, L.C.  
320 South Flamingo Road  
Box 118 Pembroke Pines, FL 33027

1a. Principal Place of Business Address  
111 NE 1st Street  
Suite 703  
Miami, FL 33132

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business  
111 NE 1st Street  
Suite #, etc.  
Suite # 703  
City & State  
Miami, Florida  
Zip  
33132  
Country  
U.S.A.

2a. Mailing Address  
320 South Flamingo Road  
Suite, Apt. #, etc.  
Box 118  
City & State  
Pembroke Pines, Florida  
Zip  
33027  
Country  
U.S.A.

3. Date Organized or Qualified  
4/23/96  
3a. State of Formation  
Florida  
4. FEI Number  
65-0661326  
5. Date of Last Report  
6. Certificate of Status Desired  
☐ Applied For  
☐ Not Applicable  
☒ No Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

LESLIE ALAN ROZENCWAIG, P.A.  
1 SE 3rd Avenue  
Suite # 960  
Miami, FL 33131

Name  
MICHAEL FELDENKRAIS, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
12000 Biscayne Boulevard  
Suite, Apt. #, etc.  
Suite # 220  
City  
Miami  
Zip Code  
FL 33181

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the following:

SIGNATURE

DATE

(NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MM	Sylvie Hernandez	111 NE 1 Street Suite#703	Miami, FL 33132
MM	Michael Feldenkrais	12000 Biscayne Blvd.#220	Miami, FL 33181
MM	Don Kitchen	5458 Mantilo Creekload	Mechanicsville, VA 23116
		800002178548--2	-05/14/97--01094--019
		*****203.75	*****203.75
		800002178548--2	-05/14/97--01094--020
		*****8.75	*****8.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/21/97 (305) 372-3611

Date

Daytime Phone #