2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 09, 2008 8:00 am Secretary of State

DOCUMENT # L9600001341 1. Entity Name STRATEGIC STAFFING SOLUTIONS, L.C.							06-09-2008 90227 015 ***143.75				
Principal Place of Business Mailing Address							5000000				
645 GRISWOLD ST 645 GRISWOLD ST STE 2900 STE 2900							50006977				
DETROIT, MI	48226		DETROIT, MI 48226).	1 (1)(1 1)(1) 40 (1) 40(1) 1		(1886 1816 1886 18	1881 FILTER	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		<u> </u>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			05222008	Chg-LLC	CR2E	6083 (12/06)		
City & State			City & State		1	4. FEI Number Applied For 59-3455070 Not Applied be					
Zip	Zip Country		Zip Count		try				\$5.00 Additional Fee Required		
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New	Registered	i Agent		
FOX, DAVID					Name Same						
5300 W. CYPRESS STREET, SUITE 190					Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, FL 33607					201 N	. Franklin	Street	Suite	1970		
\sim					کالا کے	mpa	Zip Code				
8. 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. I am familiar with, and accept											
the obligations of register the gent. Out of the contract of								05 22	2004		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$138.75 In accordance with liability company did											
			In accordance with s liability company did	s. 607.1 not rec	93(2)(b), F.S. seive the prior	, the limited notice.			payable to ment of State	е	
	by Septe		liability company did	6. 607.1 not rec	93(2)(b), F.S. eive the prior	, the limited notice.	Flori		ment of State		
9.	MGRM	MANAGING MEMBE	liability company did	10.	ceive the prior	, the limited notice.	Flori	da Depart	ment of State	Addition	
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9. THE NAME STREET ADDRESS	MGRM PASKY, 0 200 RIVE	MANAGING MEMBI CYNTHIA RFRONT #24K	liability company did	10. TITLE	E E E ST-ZIP E	, the limited notice.	Flori	da Depart	ment of State		
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11. I hereby certify that the internation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 of the receipt por trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

313 596-6911