

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000000538**

1. Entity Name  
M.E. WILSON CUSTOM STAFFING, L.L.C.



Principal Place of Business  
300 WEST PLATT ST.  
SUITE 200  
TAMPA, FL 33606

Mailing Address  
PO BOX 373  
TAMPA, FL 33601

**DO NOT WRITE IN THIS SPACE**



01112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
59-3605819

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GIORDANO, JOHN N  
220 SOUTH FRANKLIN STREET  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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 registered agent.

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**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
KING, GUY III  
STREET ADDRESS  
300 WEST PLATT ST., SUITE 200  
CITY-ST-ZIP  
TAMPA, FL 33606

TITLE  
NAME  
KING, DOUGLAS W  
STREET ADDRESS  
300 WEST PLATT ST., SUITE 200  
CITY-ST-ZIP  
TAMPA, FL 33606

TITLE  
NAME  
BENNETT, BETH  
STREET ADDRESS  
300 WEST PLATT ST., SUITE 200  
CITY-ST-ZIP  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000789399  
01/22/08-80023-015 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/16/08 813 229 8021  
Date Daytime Phone #