

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

**Feb 22, 2005 08:00 AM
Secretary of State**

DOCUMENT # L99000002795	
1. Entity Name A-1 CONTRACT STAFFING GROUP, L.L.C.	

Principal Place of Business 3829 COCONUT PALM DRIVE TAMPA FL 33619	Mailing Address 3829 COCONUT PALM DRIVE TAMPA FL 33619
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 65-0920215		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HARRINGTON, THOMAS D JR C/O A-1 PROFESSIONAL EMPLOYER, INC. 3829 COCONUT PALM AVENUE TAMPA FL 33619

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 registered agent.	
SIGNATURE	DATE
FILE NOW!!! FEES \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KLINGHOFFER, MELVIN 3829 COCONUT PALM AVENUE TAMPA FL 33619 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRINGTON, JR., THOMAS D 3829 COCONUT PALM DRIVE TAMPA FL 33619 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Thomas D. Harrington</i> - Vice Pres	Date: 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Daytime Phone #: 813 620-1661