

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002795

FILED
Mar 19, 2009
Secretary of State

Entity Name: A-1 CONTRACT STAFFING GROUP, L.L.C.

Current Principal Place of Business:

3829 COCONUT PALM DRIVE
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

3829 COCONUT PALM DRIVE
TAMPA, FL 33619

New Mailing Address:

FEI Number: 65-0920215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRINGTON, THOMAS D JR
3829 COCONUT PALM DRIVE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KLINGHOFFER, MELVIN
Address: 3829 COCONUT PALM AVENUE
City-St-Zip: TAMPA, FL 33619

Title: MGR () Delete
Name: HARRINGTON, JR., THOMAS D
Address: 3829 COCONUT PALM DRIVE
City-St-Zip: TAMPA, FL 33619

Title: S () Delete
Name: ALFONSO, ANA B
Address: 3829 COCONUT PALM DRIVE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KLINGHOFFER, MELVIN
Address: 3829 COCONUT PALM DRIVE
City-St-Zip: TAMPA, FL 33619

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS D. HARRINGTON, JR.

MGR

03/19/2009

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