

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L99000003042**

1. Entity Name

**A-1 CONTRACT STAFFING II, L.L.C.**

Principal Place of Business

**3829 COCONUT PALM DRIVE  
TAMPA FL 33619**

Mailing Address

**3829 COCONUT PALM DRIVE  
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3578989**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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 \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>MEM</b>	<input type="checkbox"/> Delete
NAME	<b>KLINGHOFFER, MELVIN</b>	
STREET ADDRESS	<b>3829 COCONUT PALM DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33619</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I 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 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.

**A-1 Contract Staffing II, LLC****SIGNATURE:**By: **SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**813-620-1661****FILED  
Feb 12, 2002 8:00 am  
Secretary of State**

02-12-2002 90090 004 \*\*\*\*50.00

**921797**

DO NOT WRITE IN THIS SPACE

CP2E083 (9/01)