2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

FILED Feb 22, 2005 08:00 AM Secretary of State DOCUMENT # L99000003042 1. Entity Name A-1 CONTRACT STAFFING II, L.L.C. Principal Place of Business Mailing Address 3829 COCONUT PALM DRIVE TAMPA FL 33619 3829 COCONUT PALM DRIVE TAMPA FL 33619 2. Principal Place of Business __ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State Applied For 4. FEI Number 59-3578989 Not Applicable Zip Country Zīσ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRINGTON, THOMAS D JR Street Address (P.O. Box Number is Not Acceptable) 3829 COCONÚT PALM DRIVE TAMPA FL 33619 Zip Code 2. 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, typod or bimled 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 Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9, 10. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Change ☐ Addition ☐ Beleta KLINGHOFFER, MELVIN NAME 1100000239527 112/22/05-80051-002 50.00 STREET ADDRESS 3829 COCONUT PALM DRIVE STREET ADDRESS CITY-SE-7IP **TAMPA FL 33619** CHY-ST- AP MGR nnt€ ☐ Delete DILE Change Addition NAME HARRINGTON, JR., THOMAS D NAME STREET ADDRESS 3829 COCONUT PALM DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CHTY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70P TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete HILE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP THEE Delete TITLE Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST. 7IP CITY-S1-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 9.07(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.

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE