

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000623

1. Entity Name
STAFFING RISK SOLUTIONS, LLC

FILED

02 JUN 19 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business
2200 W. COMMERCIAL BOULEVARD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 105

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State

Zip Country
33309 USA

Zip Country

4. FEI Number
58-2531735

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City TALLAHASSEE FL Zip Code 32301

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

600005854186--7

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT AND CEO
THOMAS A. GOLUB
4401 NORTHSIDE PARKWAY, SUITE 560
ATLANTA, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SENIOR VP AND SECRETARY
DOUGLAS J. MACGINNITIE
4401 NORTHSIDE PARKWAY, SUITE 560
ATLANTA, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SENIOR VP AND CFO
BRET D. QUIGLEY
4401 NORTHSIDE PARKWAY, SUITE 560
ATLANTA, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MICHAEL J. MCGOWAN
2200 W. COMMERCIAL BLVD., #105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
T. GREGORY RICHARDSON
4401 NORTHSIDE PARKWAY, SUITE 560
ATLANTA, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ASSISTANT SECRETARY
CARLA M. BROWN
4401 NORTHSIDE PARKWAY, SUITE 560
ATLANTA, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Carla M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 627949 7183156

AUTHORIZATION :

COST LIMIT : \$ 50.00

Patricia Ryz

ORDER DATE : June 18, 2002

ORDER TIME : 5:22 PM

ORDER NO. : 627949-015

CUSTOMER NO: 7183156

CUSTOMER: Ms. Heather L. Mortimer
Hobbs Group, LLC
4401 Northside Parkway
Suite 560
Atlanta, GA 30327

RECEIVED
02 JUN 19 AM 8:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: STAFFING RISK SOLUTIONS, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#1156

EXAMINER'S INITIALS: _____