

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000623

1. Entity Name
STAFFING RISK SOLUTIONS, LLC



Principal Place of Business

2200 N COMMERCIAL BOULEVARD, SUITE 105
FT LAUDERDALE, FL 33309

Mailing Address

2200 N COMMERCIAL BOULEVARD, SUITE 105
FT LAUDERDALE, FL 33309

FILED

2004 MAY -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2531735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DONOVAN, DANIEL J
STREET ADDRESS 4401 NORTHSIDE PARKWAY, SUITE 560
CITY-ST-ZIP ATLANTA, GA 30327

TITLE MGR
NAME VAUGHAN, MARTIN L
STREET ADDRESS 4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP GLEN ALLEN, VA 23060

TITLE MGR
NAME SMITH, WALTER L
STREET ADDRESS 4951 LAKE BROOK DRIVE, SUITE 500
CITY-ST-ZIP GLEN ALLEN, VA 23060

TITLE
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CITY-ST-ZIP

200035361072

**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:

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

4/25/04

Date

804 747-3178

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 603957 5012152

AUTHORIZATION :

Patricia Figueira

COST LIMIT : \$ 50.00

ORDER DATE : April 30, 2004

ORDER TIME : 11:50 AM

ORDER NO. : 603957-030

CUSTOMER NO: 5012152

CUSTOMER: Mr. Michael V. Pollard
Hilb, Rogal And Hamilton
4951 Lake Brook Drive, #500
Glen Allen, VA 23060

RECEIVED
04 MAY -3 PM 3:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: HOBBS GROUP INSURANCE BROKERS,
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____