

M00000000623

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000623

1. Entity Name

STAFFING RISK SOLUTIONS, LLC



FILED

03 OCT 20 AM 10:22

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2200 N. Commercial Blvd

3. Mailing Address

2200 N. Commercial Blvd

Suite, Apt. #, etc.

105

Suite, Apt. #, etc.

105

City & State

FT Lauderdale, FL

City & State

FT Lauderdale, FL

4. FEI Number

58-2531735

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

10/29/03

200023923872

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Daniel J. Donovan
4401 Northside Pkwy, STE 560
Atlanta, GA 30327

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Martin L. Vaughan
4951 Lake Brook Drive, STE 500
Glen Allen, VA 23060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Walter L. Smith
4951 Lake Brook Drive, STE 500
Glen Allen, VA 23060

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STATEMENT 2003

TITLE
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**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:

Walter L. Smith, Manager

10/09/03

804 747-3175

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

Date

Daytime Phone #

CR2E083B (12/02)

M000000000623

ACCOUNT NO. : 072100000032

REFERENCE : 276116 5012152

AUTHORIZATION : *Patricia Figueira*

COST LIMIT : \$ 150.00

ORDER DATE : October 10, 2003

ORDER TIME : 2:17 PM

ORDER NO. : 276116-005

CUSTOMER NO: 5012152

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

Glen Allen, VA 23060

RECEIVED
03 OCT 17 PM 4:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BN

REINSTATEMENT FILING.

NAME: STAFFING RISK SOLUTIONS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#1135

EXAMINER'S INITIALS: _____