


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M00000001385 1. Entity Name STAFFMARK EAST, LLC |  |
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|---|---|
| Principal Place of Business 111 CENTER STREET SUITE 2020 LITTLE ROCK, AR 72201 | Mailing Address 111 CENTER STREET SUITE 2020 LITTLE ROCK, AR 72201 |
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01062004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 71-0841407 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM STAFFMARK INVESTMENTS LLC 111 CENTER STREET, STE 2020 LITTLE ROCK, AR 72201 |
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01/15/04-80009-010 50.00

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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 606, Florida Statutes.

SIGNATURE: *Mike Kelly* 1/8/04 501-377-2346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #