## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 17, 2002 8:00 am Secretary of State

ONIFORNI BUSINESS REPURT (UBR)						Secretary of State				
DOCUMENT # m cococo 2104  1. Entity Name						07-17-2002 90139 007 ****50.00				
Staffmark Professional Services, LLC										
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DO NOT WRITE IN THIS SPACE										
			٠.							
2. Principal Place of Business 3. Mailing Address 111 Center Street										
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WE	ITE IN THIS	SPACE		
Sinte 220 Sinte 2020 City & State City & State					4. FEI Number Applied For				lied For	
كنلا	e Rock DR	Little Rock	AR	<del></del>	1	0846138		Not a	Applicable	
zip 722	Country USA	Zip 12201	Country		5. Certif	icate of Status Desired		\$5.00 Additi Fee Required	onal	
						7. Name and Address of Current Registered Agent				
DO NOT WRITE						Corporation				
IN THIS SPACE					ss (P.O. Box Number is Not Acceptable)					
				1200 ?	تصمك	Pine	مدايا			
				City	-: 12L	<u> </u>	FI	Zip Code 3333	24	
8. The above	e nămed entity submits this statement for the	purpose of changing its re	egistered	office or register	red agent, d	or both, in the State of F	lorida.			
SIGNATURE										
Signature, typed or printed name of registered agent and utle if applicable.							DATE			
FEE IS \$50.00 Make Check Payable to Department										
		DL	JE BY N	MAY 1						
9.	MANAGING MEMBERS /	MANAGERS '	TITLE	*					<del>-</del>	
NAME	Hollmork Inchment LLC									
STREET ADDRESS CITY-ST-ZIP	III conter such suite soon			ADDRESS r-zip					83B	
TITLE	LIME BOLE, MC BO	<del>2</del> 62	TITLE		Fire	···	* *****		CR2E083B (12/01)	
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STREET ADDRESS			STREET #		*		:			
11. I hereby o	certify that the information supplied with this	filing does not qualify for the	CITY-ST	tion stated in Sec	tion 110 0	7(3)/i) Florida Scout	I fugibar a :	etify that the test	·matio=	
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.										
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SIGNAT		uz	orn en 411			7/3/02	311	<del></del>	<u> </u>	
. •	SIGNATURE AND TYPED OR PRINTED NAME OF SIGN	ING MANADING MEMBER, MANAC	MER, UR AU	I NOKIZED REPRESEN	HATIVE	. Date		Daytime Phone #		