2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M01000000177

1. Entity Name
STAFF LEASING, LLC

Principal Place of Business	Mailing Address
9000 TOWN CENTER PARKWAY BRADENTON, FL 34202	PO BOX 25020 BRADENTON, FL 34206

DO NOT WRITE IN THIS SPACE

01102007No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1059815	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GEVITY HR, INC.
STREET ADDRESS	9000 TOWN CENTER PARKWAY
CITY-ST-ZIP	BRADENTON, FL 34202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000503626
01/29/07-80021-005 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____   Clifford Sladnick   1\19\07   941-741-4629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #