

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90089 007 ****50.00

DOCUMENT # *MO1000000639*

1. Entity Name

GREYSTONE STAFFING OF TAMPA BAY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16520 OLEY RIDGE COURT

Suite, Apt. #, etc.

3. Mailing Address

6175 SUNRISE HIGHWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FL

City & State
MASSAPEQUA, NY

4. FEI Number
58-2609662

Applied For
Not Applicable

Zip
33624

Country
U.S.A.

Zip
11758-5341

Country
U.S.A.

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JUDITH A. HOPKINS

Street Address (P.O. Box Number is Not Acceptable)
16520 OLEY RIDGE COURT

City
TAMPA

FL Zip Code
33624

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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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHILIP N. MISSIRLIAN
10 SHETLAND COURT
DIX HILLS, NY 11746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JUDITH A. HOPKINS
16520 OLEY RIDGE COURT
TAMPA, FL 33624

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #