


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90350 021 \*\*\*\*50.00

<b>DOCUMENT # M02000000183</b>	
1. Entity Name <b>STAFFING GROUP EAST, LLC</b>	

Principal Place of Business  
**1690 CONGRESS AVE.  
DELRAY BEACH, FL 34455**

Mailing Address  
**1690 CONGRESS AVE.  
DELRAY BEACH, FL 34455**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**30-0016001**

Applied For  
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**

**DO NOT WRITE  
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 \_\_\_\_\_

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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	STAFFING GROUP EAST, INC.
STREET ADDRESS	1690 CONGRESS AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	Chairman of the Board
NAME	Raymond H. Wechsler
STREET ADDRESS	1690 Congress Avenue
CITY-ST-ZIP	Delray Beach FL 33445
TITLE	Chief Executive Officer
NAME	Charles Abadie
STREET ADDRESS	1690 Congress Avenue
CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	Controller and Secretary
NAME	Doreen Porter
STREET ADDRESS	1690 Congress Avenue
CITY-ST-ZIP	Delray Beach FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** \_\_\_\_\_

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

*Doreen J. Porter*

*3/19/04*  
Date

*941 454 5823*  
Daytime Phone #