


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90102 027 ****50.00

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|---|---|--|---|---|--|
| DOCUMENT # M02000000183 | | | |  | |
| 1. Entity Name STAFFING GROUP EAST, LLC | | | | | |
| Principal Place of Business 5901 BROKEN SOUND PKWY 450 BOCA RATON, FL 33487 | | | Mailing Address 5901 BROKEN SOUND PKWY 450 BOCA RATON, FL 33487 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 30-0016001 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR STAFFING GROUP EAST, INC. 5901 BROKEN SOUND PKWY., STE. 450 BOCA RATON, FL 33487 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALSTON, HEATHER C 5901 BROKEN SOUND PKWY., STE. 450 BOCA RATON, FL 33487 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ABADIE, CHARLIE 5901 BROKEN SOUND PKWY., STE. 450 BOCA RATON, FL 33487 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C DAVIS, CLARA 5901 BROKEN SOUND PKWY., STE 450 BOCA RATON, FL 33487 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 <i>Heather C. (Alston) Schaeffer</i> | | | SIGNATURE <i>Heather C. (Alston) Schaeffer</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date <i>2/7/2007</i> Daytime Phone # <i>561-326-8110</i> | | |