

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-31-2004 90348 010 \*\*\*\*50.00

**DOCUMENT # M02000000184**

1. Entity Name

STAFFING GROUP EAST NVOP, LLC



Principal Place of Business

1690 CONGRESS AVENUE  
DELRAY BEACH, FL 3445

Mailing Address

1690 CONGRESS AVENUE  
DELRAY BEACH, FL 3445

34003444



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

30-0016021

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 renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
STAFFING GROUP EAST, LLC  
1690 CONGRESS AVENUE  
DELRAY BEACH, FL 3445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Chairman of the Board  
Raymond H. Wechsler  
1690 Congress Avenue  
Delray Beach, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Chief Executive Officer  
Charles Abadie  
1690 Congress Avenue  
Delray Beach, FL 33445

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Controller and Secretary  
Darryll Porter  
1690 Congress Avenue  
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

3/19/04

Date

561 454 3503

Daytime Phone #

Darryll J. Porter