

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000184

FILED  
Apr 25, 2005  
Secretary of State

Entity Name: STAFFING GROUP EAST NVOP, LLC

## Current Principal Place of Business:

1690 CONGRESS AVENUE  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

1690 S CONGRESS AVENUE  
STE 210  
DELRAY BEACH, FL 33445

## Current Mailing Address:

1690 CONGRESS AVENUE  
DELRAY BEACH, FL 33445

## New Mailing Address:

1690 S CONGRESS AVENUE  
STE 210  
DELRAY BEACH, FL 33445

FEI Number: 30-0016021

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: STAFFING GROUP EAST,, LLC  
Address: 1690 CONGRESS AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: COB ( ) Delete  
Name: WECHSLER, RAYMOND A  
Address: 1690 CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: CEO ( ) Delete  
Name: ABADIE, CHARLEY  
Address: 1690 CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: CS (X) Delete  
Name: PORTER, DARRYL  
Address: 1690 CONGRESS AVE  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: ALSTON, HEATHER C  
Address: 1690 S CONGRESS AVE, STE 210  
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR (X) Change ( ) Addition  
Name: ABADIE, CHARLES  
Address: 1690 S CONGRESS AVE, STE 210  
City-St-Zip: DELRAY BEACH, FL 33445

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HEATHER C. ALSTON

MGR

04/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date