


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90172 021 ****50.00

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| DOCUMENT # M02000000184 |  |
| 1. Entity Name STAFFING GROUP EAST NVOP, LLC | |

60014134



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| Principal Place of Business 1690 S CONGRESS AVENUE STE 210 DELRAY BEACH, FL 33445 | Mailing Address 1690 S CONGRESS AVENUE STE 210 DELRAY BEACH, FL 33445 |
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|---|---|
| 2. Principal Place of Business 5901 Broken Sound Parkway Suite, Apt. #, etc. 450 | 3. Mailing Address 5901 Broken Sound Parkway Suite, Apt. #, etc. 450 |
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02062006 Chg-LLC CR2E083 (11/05)

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| City & State Boca Raton Zip 33487 Country Florida | City & State Boca Raton Zip 33487 Country Florida |
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| 4. FEI Number 30-0016021 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | |
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| 7. Name and Address of New Registered Agent | |
| 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, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STAFFING GROUP EAST, LLC 5901 Broken Sound Parkway, Ste., 450 Boca Raton, FL 33487 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Controller Clara Davis 5901 Broken Sound Parkway Boca Raton, FL 33487 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALSTON, HEATHER C 5901 Broken Sound Parkway, Ste., 450 Boca Raton, FL 33487 <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 | MGR ABADIE, CHARLES 5901 Broken Sound Parkway, Ste., 450 Boca Raton, FL 33487 <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 |
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| 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: Heather C Alston Heather C Alston 2/18/06 561-226-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #