2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000184

Address:

City-St-Zip:

3820 STATE ST

SANTA BARBARA, CA 93105

Entity Name: STAFFING GROUP EAST NVOP, LLC

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3820 STA ⁻ SANTA BA	TEST ARBARA, CA 93105	5		
Current Mailing Address:			New Mailing Address:	
3820 STA ⁻ SANTA BA	TE ST ARBARA, CA 93105	j		
FEI Number	: 30-0016021 FE	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of Curre	nt Registered Agent:	Name and Address of	of New Registered Agent:
11380 PROPALM BEA	ATE CREATIONS N DSPERITY FARMS ACH GARDENS, FL named entity subm of Florida.	ROAD #221E 33410 US	purpose of changing its registere	ed office or registered agent, or both
SIGNATUI				
01011/1101		nature of Registered Ag	ent	 Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delet STAFFING GROUP E 3820 STATE ST SANTA BARBARA, CA	AST, LLC	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PRES () Delet SORENSEN, PAUL 3820 STATE ST SANTA BARBARA, CA		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () Delet HULME, RICH 3820 STATE ST SANTA BARBARA, CA		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	SECY () Delet	e	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Address:

City-St-Zip:

SIGNATURE: JEFF MITCHELL SECY 04/14/2009