

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

03-31-2004 90350 020 ****50.00

DOCUMENT # M02000000185

1. Entity Name
STAFFING GROUP EAST VOP, LLC



Principal Place of Business
**1690 CONGRESS AVE.
DELRAY BEACH, FL 34455**

Mailing Address
**1690 CONGRESS AVE.
DELRAY BEACH, FL 34455**

34003446



DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
30-0016009

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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STAFFING GROUP EAST, LLC
STREET ADDRESS	1690 CONGRESS AVE.
CITY-ST-ZIP	DELRAY BEACH, FL 34455
TITLE	Chairman of the Board
NAME	Raymond H. Wickster
STREET ADDRESS	1690 Congress Avenue
CITY-ST-ZIP	Delray Beach FL 33445
TITLE	Chief Executive Officer
NAME	Charles Abadie
STREET ADDRESS	1690 Congress Avenue
CITY-ST-ZIP	Delray Beach FL 33445
TITLE	Controller and Secretary
NAME	Darrell J. Porter
STREET ADDRESS	1690 Congress Avenue
CITY-ST-ZIP	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

7/18/04

Date

Daytime Phone # _____

DARRELL J. PORTER