

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-10-2006 90172 022 \*\*\*\*50.00

**DOCUMENT # M02000000185**

1. Entity Name  
**STAFFING GROUP EAST VOP, LLC**



Principal Place of Business  
**1690 S. CONGRESS AVE.  
STE 210  
DELRAY BEACH, FL 34455**

Mailing Address  
**1690 S. CONGRESS AVE.  
STE 210  
DELRAY BEACH, FL 34455**

**60014153**



2. Principal Place of Business

**5901 Broken Sound Parkway  
Suite, Apt. #, etc.  
450**

3. Mailing Address

**5901 Broken Sound Parkway  
Suite, Apt. #, etc.  
450**

02062006 Chg-LLC CR2E083 (11/05)

City & State

**Boca Raton  
Zip  
33487**

Country

**Florida**

City & State

**Boca Raton  
Zip  
33487**

Country

**Florida**

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**

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

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **STAFFING GROUP EAST, LLC**  
STREET ADDRESS **5901 Broken Sound Parkway, Ste., 450**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **MGR** ☐ Delete  
NAME **ALSTON, HEATHER C**  
STREET ADDRESS **5901 Broken Sound Parkway, Ste., 450**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **MGR** ☐ Delete  
NAME **ABADIE, CHARLES**  
STREET ADDRESS **5901 Broken Sound Parkway, Ste., 450**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Controller** ☐ Change ☒ Addition  
NAME **Clara Davis**  
STREET ADDRESS **5901 Broken Sound Parkway**  
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/8/06**

Date

**561-226-8110**

Daytime Phone #