

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

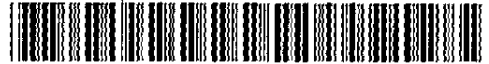
**DOCUMENT # M02000003176**

1. Entity Name  
**SPHERION ATLANTIC RESOURCES LLC**



Principal Place of Business  
**2050 SPECTRUM BOULEVARD  
FORT LAUDERDALE, FL 33309**

Mailing Address  
**2050 SPECTRUM BOULEVARD  
FORT LAUDERDALE, FL 33309**



04142008 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1436863**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRP
NAME	KRAUSE, ROY G
STREET ADDRESS	2050 SPECTRUM BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGRS
NAME	IGLESIAS, LISA G
STREET ADDRESS	2050 SPECTRUM BOULEVARD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	MGRS
NAME	SMITH, MARK
STREET ADDRESS	2050 SPECTRUM BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	AS
NAME	ATKINSON, RANDAL B
STREET ADDRESS	2050 SPECTRUM BLVD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000530517  
05/05/06-80114-016 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

*Randal B. Atkinson* Randal B. Atkinson 4/18/06 (954) 308-7300