LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003492 1. Entity Name

THE STAFFING AUTHORITY, LLC

SIGNATURE:



FILED 03 MAY 20 AM 8: 51

TALLAHASSEE, FLORIDA

| | DO NOT WRITE | | | | |
|---|---|--|---------------------------------------|--|---------------------------------------|
| 2. Principal Place of Business 151 W. 26 + 5+ 11+ F (Suite, Apt. #, etc. | | 3. Mailing Address CLO Alloy, TAC Suite, Apt. #, etc. J 151 W. 26th St. 11th F1 | | DO NOT WRITE IN THIS SPACE | |
| City & State New York, NY | | City & State New York NY | | 4. FEI Number | Applied For Not Applicable |
| Zip | Country | Zip Zip | Country | 5. Certificate of Status Desired | 5.00 Additional |
| A2U 10001 | | 10001 L USA | | 7. Name and Address of Current Registered Agent | |
| | DO NOT W | | Street Address | Tation Service (Ompany s (R.O. Box Number is Not Acceptable). | ygant |
| | | | 9×110 | os FL | Zip Code 3 2 3 0) |
| 8. The above named entity sepmits 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, types of printed name of registered agent and title if applicable. | | | | | |
| FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 | | | | | |
| 9. TITLE | MANAGING MEMBE | RS/MANAGERS | TITLE | | (20 |
| NAME STREET ADDRESS CITY-ST-ZIP | Matthew C. Diamond 151 b. 26th St. 144P1 New York, NY 10001 | | NAME Street Address Cityest-Zip | 9000160845 05/23/03-01051016 * | □ □ 00.28** 445.00 CCSE0838 (12.02 |
| TITLE NAME STREET ADORESS | Beth Stankard 1511,26th St.11thF1 | | TITLE NAME STREET ADDRESS | 90001508459 04/16/0301003010 * | 35) *5.00 |
| TITLE NAME | Secretary Sina Di Gioia 151 w. 26th St. Lith Fi | | CITY-ST-ZIP TITLE NAME | | |
| STREET ADDRESS CITY-ST-ZIP | New York, MY 10001 | | STREET ADDRESSCITY-ST-ZIP | DO NOT WRIT | Έ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer James C. Daratos 151 W. 26th Still Fl New York, My 10001 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | IN THIS SPAC | E |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | HANDOR ST. Gradess Samuel A. Gradess 151 U. 26th St. 1 th F1 UT, NY 1000) | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME GTREET ADDRESS GITY-ST-ZIP | Hanager James: K. Johnson, Jr. ITIU , 26th St. 11th Fi. New York, NY 10001 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 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. | | | | | |