

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000001919

Entity Name: COASTAL STAFFING, LLC

**FILED**  
**Oct 19, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

6250 SHILOH ROAD, #110  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

6250 SHILOH ROAD  
SUITE #110  
ALPHARETTA, GA 30005

**Current Mailing Address:**

6250 SHILOH ROAD, #110  
ALPHARETTA, GA 30005

**New Mailing Address:**

6250 SHILOH ROAD  
SUITE #110  
ALPHARETTA, GA 30005

FEI Number: 58-2654615      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

COLON, IVETTE  
6355 NORTH WEST 36TH STREET #500  
VIRGINIA GARDENS, FL 33166 US

**Name and Address of New Registered Agent:**

IVETTE, COLON  
6355 NORTH WEST 36TH STREET #500  
VIRGINIA GARDENS, FL 33166 US

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.

SIGNATURE: IVETTE COLON

10/19/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: APS STAFFING, LLC,  
Address: 6250 SHILOH ROAD, #110  
City-St-Zip: ALPHARETTA, GA 30005

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COASTAL STAFFING, LL, C  
Address: 6250 SHILOH ROAD, #110  
City-St-Zip: ALPHARETTA, GA 30005

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LAURA DAVIS

MGR

10/19/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date