

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003446

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** CRAFTSTAFF, LLC

**Current Principal Place of Business:**

9325 BAY PLAZA BLVD.  
SUITE 208  
TAMPA, FL 33619

**New Principal Place of Business:**

6936 STONEY CREEK CIRCLE  
LAKE WORTH, FL 33467

**Current Mailing Address:**

9325 BAY PLAZA BLVD.  
TAMPA, FL 33619

**New Mailing Address:**

PO BOX 3175  
RIVERVIEW, FL 33568

**FEI Number:** 20-0251959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STRUCTURED SYSTEMS HOLDINGS, LLC  
9325 BAY PLAZA BLVD.  
SUITE 208  
TAMPA, FL 33619 US

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

STRUCTURED SYSTEMS HOLDINGS, LLC  
6936 STONEY CREEK CIRCLE  
LAKE WORTH, FL 33467 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: KRISTOPHER A. MICHIE

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STRUCTURED SYSTEMS H, OLDINGS, LLC  
Address: 9325 BAY PLAZA BLVD., SUITE 208  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STRUCTURED SYSTEMS H, OLDINGS, LLC  
Address: 6936 STONEY CREEK CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KRISTOPHER A. MICHIE

MGR

04/30/2008

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