

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004080

FILED
Jan 13, 2005
Secretary of State

Entity Name: HOSPITALITY STAFFING SOLUTIONS, LLC

Current Principal Place of Business:

1640 POWERS FERRY ROAD BLDG. 3 STE. 200
MARIETTA, GA 30067

New Principal Place of Business:

Current Mailing Address:

1640 POWERS FERRY ROAD BLDG. 3 STE. 200
MARIETTA, GA 30067

New Mailing Address:

FEI Number: 58-2518300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GURBACKI, GERALD
Address: 1640 POWERS FERRY ROAD BLDG. 3 STE. 200
City-St-Zip: MARIETTA, GA 30067

Title: MGR () Delete
Name: ROGERS, DAVID
Address: 1640 POWERS FERRY ROAD BLDG. 3 STE. 200
City-St-Zip: MARIETTA, GA 30067

Title: MGR () Delete
Name: KING, KATHERYNE
Address: 1640 POWERS FERRY ROAD BLDG. 3 STE. 200
City-St-Zip: MARIETTA, GA 30067

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GURBACKI, GERALD CEO
Address: 1640 POWERS FERRY ROAD BLDG. 3 STE. 200
City-St-Zip: MARIETTA, GA 30067

Title: MGRM (X) Change () Addition
Name: ROGERS, DAVID CFO
Address: 1640 POWERS FERRY ROAD BLDG. 3 STE. 200
City-St-Zip: MARIETTA, GA 30067

Title: MGRM (X) Change () Addition
Name: KING, KATHERYNE PARTNER
Address: 1640 POWERS FERRY ROAD BLDG. 3 STE. 200
City-St-Zip: MARIETTA, GA 30067

Title: MGRM () Change (X) Addition
Name: KING, JOHN S PARTNER
Address: 1640 POWERS FERRY ROAD BLDG. 3 STE. 200
City-St-Zip: MARIETTA, GA 30067

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: DAVID ROGERS

MGRM

01/13/2005

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