

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004080

1. Entity Name
HOSPITALITY STAFFING SOLUTIONS, LLC



Principal Place of Business
**1640 POWERS FERRY ROAD
BLDG. 3 STE. 200
MARIETTA, GA 30067**

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



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2518300

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---|
| TITLE | MGRM |
| NAME | GURBACKI, GERALD CEO |
| STREET ADDRESS | 1640 POWERS FERRY ROAD BLDG. 3 STE. 200 |
| CITY-ST-ZIP | MARIETTA, GA 30067 |
| TITLE | MGRM |
| NAME | ROGERS, DAVID CFO |
| STREET ADDRESS | 1640 POWERS FERRY ROAD BLDG. 3 STE. 200 |
| CITY-ST-ZIP | MARIETTA, GA 30067 |
| TITLE | MGRM |
| NAME | KING, KATHERYNE CHAIRMN |
| STREET ADDRESS | 1640 POWERS FERRY ROAD BLDG. 3 STE. 200 |
| CITY-ST-ZIP | MARIETTA, GA 30067 |
| TITLE | MGRM |
| NAME | KING, JOHN S SECRTY |
| STREET ADDRESS | 1640 POWERS FERRY ROAD BLDG. 3 STE. 200 |
| CITY-ST-ZIP | MARIETTA, GA 30067 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/23/07-80068-015 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 #

3-6-07 770-612-0054