

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004080

FILED
Apr 14, 2009
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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIM WILLIAMS

MGRM

04/14/2009

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