

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004080

**FILED**  
**Apr 27, 2011**  
**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:**

100 GLENRIDGE POINT PARKWAY, SUITE 400  
ATLANTA, GA 30342

**Current Mailing Address:**

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

**New Mailing Address:**

100 GLENRIDGE POINT PARKWAY, SUITE 400  
ATLANTA, GA 30342

**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.  
515 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/MANAGERS:**

Title: MGRM  
Name: HOLLIDAY, RICK  
Address: 100 GLENRIDGE POINT PARKWAY, SUITE 400  
City-St-Zip: ATLANTA, GA 30342

Title: MGRM  
Name: WOODWARD, JAMES  
Address: 100 GLENRIDGE POINT PARKWAY, SUITE 400  
City-St-Zip: ATLANTA, GA 30342

I hereby 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: JAMES WOODWARD

MGRM

04/27/2011

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