

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90087 006 ****50.00

DOCUMENT # M05000001776

1. Entity Name
SNELLING FRANCHISING, L.L.C.



Principal Place of Business

12801 N. CENTRAL EXPRESSWAY, SUITE 700
DALLAS, TX 75243

Mailing Address

12801 N. CENTRAL EXPRESSWAY, SUITE 700
DALLAS, TX 75243

20000043

DO NOT WRITE IN THIS SPACE



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
32-0139700

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PAULK, MELINDA S
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700
CITY-ST-ZIP DALLAS, TX 75243

TITLE MGR
NAME PAULK, ROBERT R
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700
CITY-ST-ZIP DALLAS, TX 75243

TITLE MGR
NAME MCANINCH, BARBARA A
STREET ADDRESS 12801 N. CENTRAL EXPRESSWAY, SUITE 700
CITY-ST-ZIP DALLAS, TX 75243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

Barbara A. McAninch 02/06/06 972-776-1490

ATTACHMENT

20006045
#M05000001776



VIA: UPS Express Delivery

February 06, 2006

Florida Department of State
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Dear Sir or Madam:

Enclosed are the annual reports for Snelling Franchising, LLC and Snelling Staffing, LLC.

Attached are the checks to cover the filing costs.

If you have any questions or concerns please contact me at 972-776-1398.

Sincerely,

A handwritten signature in black ink that reads 'Patricia Gilmore'. The signature is fluid and cursive.

Patricia Gilmore
Legal Assistant