

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000004186

1. Entity Name
TRAVELMARK STAFFING, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06-SEP 14 AM 10:06

Principal Place of Business
27442 PORTOLA PARKWAY, SUITE 200
FOOTHILL RANCH, CA 92610

Mailing Address
27442 PORTOLA PARKWAY, SUITE 200
FOOTHILL RANCH, CA 92610

DO NOT WRITE IN THIS SPACE

09132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2905079

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 September 15, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WORTLEY, MARK
27442 PORTOLA PARKWAY, SUITE 200
FOOTHILL RANCH, CA 92610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KING, JOHN
27442 PORTOLA PARKWAY, SUITE 200
FOOTHILL RANCH, CA 92610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RAPP, ROLAND
27442 PORTOLA PARKWAY, SUITE 200
FOOTHILL RANCH, CA 92610

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300080043653
09/21/06--01061--013 **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: _____

Roland Rapp, Manager

9/13/06

949/282-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #