

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90268 005 \*\*\*138.75

**DOCUMENT # M05000004527**

1. Entity Name  
**ERIC ROBERT STAFFING SOLUTIONS, LLC**



Principal Place of Business  
**363 SEVENTH AVENUE, 6TH FL  
NEW YORK, NY 10001**

Mailing Address  
**363 SEVENTH AVENUE, 6TH FL  
NEW YORK, NY 10001**

**60018322**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number

**13-4021480 13-4021840**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SILVERMAN, ERIC  
7300 WEST CAMINO REAL ROAD  
BOCA RATON, FL 33433**

## 7. Name and Address of New Registered Agent

Name **Eric Silverman**

Street Address (P.O. Box Number is Not Acceptable)

**6810 Lyons Technology Circle**

**Suite 100**

City

**Coconut Creek**

**FL**

Zip Code

**33073**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME **MGRM** ☐ Delete  
STREET ADDRESS **SILVERMAN, ERIC**  
CITY-ST-ZIP **7300 WEST CAMINO REAL ROAD  
BOCA RATON, FL 33433**

## 10. ADDITIONS/CHANGES

TITLE  
NAME **MGRM** ☒ Change ☐ Addition  
STREET ADDRESS **Eric Silverman**  
CITY-ST-ZIP **6810 Lyons Technology Circle, Suite 100  
Coconut Creek, FL 33073**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**ERIC SILVERMAN**

**3/25/08**

Date

**(212) 695-5900**

Daytime Phone #