

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000005179 1. Entity Name TRUCKERS PLUS HR, LLC					
Principal Place of Business 3235 OMNI DR. CINCINNATI OH 45245			Mailing Address 3235 OMNI DR. CINCINNATI OH 45245		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/05)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 20-3360048				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent QUARTERMAN, DON 105 N. FALKENBURG ROAD SUITE B TAMPA FL 33619				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 6205000500					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RESOLVE STAFFING, INC. 3235 OMNI DR. CINCINNATI OH 45245	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000550415 05/13/06-80060-006 50.00	☐ Change ☐ Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas J. Curry **TREASURER - RESOLVE STAFFING** 4/23/06 (50)943-424
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #