2001 UNIFORM BUSINESS REPORT (UI DOCUMENT # M9900001972 SPHERION ATLANTIC ENTERPRISES LLC								01 JU	N -5	AM 10: 25 STATE LORIDA		
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Principal Plac	ce of Business	·	Mailing Address						40LE, 1-	LORIDA		
2050 SPECTRUM BLVD FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309										÷		
2. Principal F	Place of Busines	SS	. 3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt:#, etc.					DO NOT W	RITE IN THI	IS SPACE		
City & Stat	te	<u> </u>	City & State			4. FEI N		OF 00.450		<u> </u>	oplied For ot Applicable]
Zip	Country		Zip	Country		5. Certi	5 Certificate of Status Desired \$5.00 Add					1
	6. Name a	nd Address of Current	Registered Agent			7. Name	e and Add	ress of New	Registere	Fee Require d Agent		-
CORDOD	ATION CEDIA	CE COMPANY	· · · · · · · · · · · · · · · · · · ·		Name							-
	YS STREET	CE COMPANT			Sireet A	ddress (P.O. Box N	Number is N	NOI Accepta				-
TALLAHA	SSEE FL 323	01-2525		Ĺ					<u>_</u>	7:-0-4		ľ
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8 The above	named entity		or the purpose of changing its	registere	City d office o	r registered agent	or both, in	the State of		Zip Cod		-
8. The above	named entity s		or the purpose of changing its	s registere		registered agent,	or both, in	the State of		L Zip Cod		-
8. The above	·				d office of	r registered agent,		the State of				-
	·	submits this statement fo	and title if applicable (NOT	E: Registered	d office of	ure required when reinstati		the State of	Florida.			
	·	submits this statement fo	and title if applicable (NOT FILE N Make Check Pa	E: Registered	d office of	ure required when reinstate 550.00 ment of State			Florida.	E		
9. TITLE NAME STREET ADDRESS	Signature, typed or MGR MARCY, RA 2050 SPEC	printed name of registered agent MANAGING MEME NYMOND TRUM BLVD.	and title if applicable (NOT	OW!!! Fayable to	Agent signat	ure required when reinstall 650.00 ment of State	sing)	ADDITION	Florida. DATE	ES Change	✓ Addition	2009 (44 (00)
9. TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR MARCY, RA 2050 SPEC FT.LAUDER	submits this statement for printed name of registered agent MANAGING MEME	and title if applicable (NOT FILE N Make Check Pa	CITY-	Agent signat Agent signat Depart ADDRESS ST-ZIP	ure required when reinstate 550.00 ment of State	sing)	ADDITION	Florida. DATE	ES Change		COSECCO (14,00)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARCY, RA 2050 SPEC FT.LAUDER MGR KRAUSE, R 2050 SPEC	MANAGING MEME AYMOND TRUM BLVD. DALE FL 33309	FILE N Make Check Pa ERS/MEMBERS Delete	E: Registered OW!!! Fayable to 10. TITLE NAME STREE NAME STREE	Agent signat Agent signat Depart ADDRESS ST-ZIP	ure required when reinstall 650.00 ment of State	sing)	ADDITION	Florida. DATE	ES Change		CD05C00 (44,00)
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