

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125827

**Entity Name:** TEMP SYSTEM SERVICE, LLC

**Current Principal Place of Business:**

934 N UNIVERSITY DRIVE.  
456  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

934 N UNIVERSITY DRIVE.  
456  
CORAL SPRINGS, FL 33071 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRIN, KACIL  
934 N UNIVERSITY DRIVE  
456  
CORAL SPRINGS, FL 33071 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BRIN, KEVIN  
Address 934 N UNIVERSITY DRIVE. SUITE 456  
City-State-Zip: CORAL SPRINGS FL 33071

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KEVIN BRIN

**PRESIDENT**

**02/24/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date