## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # M03000004227

COMSYS SERVICES LLC



Principal Place of Business

4400 POST OAK PARKWAY, SUITE 1800 HOUSTON, TX 77027-3421

Mailing Address

8040 S 48TH ST STE 100 PHOENIX, AZ 85044 60020765





**FILED** 

Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90239 021 \*\*\*138.75

DO NOT WRITE IN THIS SPACE

03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 52-2418917

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

CITY-ST-ZIP

## 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
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMSYS INFORMATION TECHNOLOGY SERVICE, INC 4400 POST OAK PARKWAY, SUITE 1800 HOUSTON, TX 770273421	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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