

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M07000002845

1. Entity Name
NEW DIMENSION HUMAN CAPITAL SOLUTION, LLC



Principal Place of Business

625 E. BIG BEAVER, SUITE 200
TROY, MI 48083

Mailing Address

625 E. BIG BEAVER, SUITE 200
TROY, MI 48083



01312008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0479862

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAWFIS, DANIELLE
206 NORMAN STREET
PORT CHARLOTTE, FL 33954

**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

Danielle Crawfis
Signature, typed or printed name of registered agent and title if applicable

Danielle CRAWFIS

(NOTE: Registered Agent signature required when reinstating)

1/31/08
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
MITCHELL, CHRISTOPHER
625 E. BIG BEAVER, SUITE 200
TROY, MI 48083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MITCHELL, DENNIS
625 E. BIG BEAVER, SUITE 200
TROY, MI 48083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STONEHOUSE, KAREN
625 E. BIG BEAVER, SUITE 200
TROY, MI 48083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HURTT, KENNETH
625 E. BIG BEAVER, SUITE 200
TROY, MI 48083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MITCHELL, STEVEN
625 E. BIG BEAVER, SUITE 200
TROY, MI 48083

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

1/31/08
Date

Daytime Phone #