


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # M07000000894 1. Entity Name ASAP STAFFING, LLC	
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Principal Place of Business 3885 HOLCOMB BRIDGE ROAD NORCROSS, GA 30092	Mailing Address 3885 HOLCOMB BRIDGE ROAD NORCROSS, GA 30092
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DO NOT WRITE IN THIS SPACE



02202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2372559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

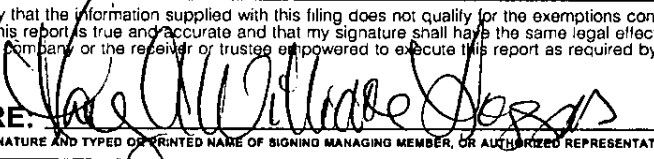
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000846835
 03/18/08-80043-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALFORD, ROZ 3885 HOLCOMB BRIDGE ROAD NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, NANCY 3885 HOLCOMB BRIDGE ROAD NORCROSS, GA 30092
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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:  DATE: 2/27/08 DAYTIME PHONE #: 7702461718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE