

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000894

Entity Name: ASAP STAFFING, LLC

FILED  
Apr 21, 2009  
Secretary of State

**Current Principal Place of Business:**

3885 HOLCOMB BRIDGE ROAD  
NORCROSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

3885 HOLCOMB BRIDGE ROAD  
NORCROSS, GA 30092

**New Mailing Address:**

FEI Number: 58-2372559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALFORD, ROZ  
Address: 3885 HOLCOMB BRIDGE ROAD  
City-St-Zip: NORCROSS, GA 30092

Title: MGR ( ) Delete  
Name: WILLIAMS, NANCY  
Address: 3885 HOLCOMB BRIDGE ROAD  
City-St-Zip: NORCROSS, GA 30092

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALFORD, ROZ  
Address: 3885 HOLCOMB BRIDGE ROAD  
City-St-Zip: NORCROSS, GA 30092

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, NANCY  
Address: 3885 HOLCOMB BRIDGE ROAD  
City-St-Zip: NORCROSS, GA 30092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ROZ ALFORD

MGRM

04/21/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date