# 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

SIGNATURE: KAREN BRASWELL

Electronic Signature of Signing Authorized Person(s) Detail

## RALEIGH. NC 27609 FEI Number: 04-3367044

**Current Principal Place of Business:** 

DOCUMENT# M11000004059

3801 WAKE FOREST ROAD RALEIGH, NC 27609

**Current Mailing Address:** 3801 WAKE FOREST ROAD

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

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

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ALPHANUMERIC STAFFING CONSULTANTS, LLC

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	BRASWELL, KAREN	Name	BRASWELL, HARVEY
Address	3801 WAKE FOREST ROAD	Address	3801 WAKE FOREST ROAD
City-State-Zip:	RALEIGH NC 27609	City-State-Zip:	RALEIGH NC 27609

that my name appears above, or on an attachment with all other like empowered.

MGR

03/26/2013 Date

FILED Mar 26, 2013 Secretary of State CC4564909761

Certificate of Status Desired: No

Date