

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002971

**FILED**  
**Jan 07, 2008**  
**Secretary of State**

**Entity Name:** HUMAN RESOURCES QUALITY ASSURANCE, LLC

**Current Principal Place of Business:**

3333 NE 34TH STREET #1001  
FT. LAUDERDALE, FL 333086911

**New Principal Place of Business:**

3333 NE 34TH STREET  
#1001  
FT. LAUDERDALE, FL 333086911 US

**Current Mailing Address:**

3333 NE 34TH STREET #1001  
FT. LAUDERDALE, FL 333086911

**New Mailing Address:**

3333 NE 34TH STREET  
#1001  
FT. LAUDERDALE, FL 333086911 US

**FEI Number:** 65-1081023

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVENS, HENRY  
3333 NE 34TH STREET #1001  
FT. LAUDERDALE, FL 333086911 US

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

STEVENS, HENRY  
3333 NE 34TH STREET  
#1001  
FT. LAUDERDALE, FL 333086911 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:**

01/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** STEVENS, HENRY  
**Address:** 3333 NE 34 STREET #1001  
**City-St-Zip:** FORT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** HENRY STEVENS

MGRM

01/07/2008

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