2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED Apr 03, 2006 8:00 am Secretary of State 03-10-2006 90132 023 ****50.00

## MARKED RESIDENT AT FLOOR ALSO BROUNDENT, THE FLOOR ALSO BROUNDENT AND ARREST ALSO BROUNDENT AND ARREST ALSO BROUNDENT ARE ARREST ALSO BROUNDEST ALSO BR	DOCUMENT # L05000045648 1. Entity Name AXION STAFFING SOLUTIONS LLC							03-10-2	JU6 9U13	2 023 **	***50.00
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S. Name and Address of Current Registered Agent 7. Name and Address of Naw Registered Agent Name Na	City & State			City & State			4. FEI Numl	281507	8		
Name Street Address (P.O. Box Number is Not Acceptable)	Zlp	Zip Country		Zip Coun		itry	5. Certificat	e of Status Desired			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agont. SIGNATURE Filling Foo is \$50,00 The provide provided provided agont and the floridation of registered agont and the members of the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agont and registered agont, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agont, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agont, or both, in the State of Florida. I am lamiliar with, and accept the obligation of registered agont, or both, in the State of Florida. I am lamiliar with, and accept the both accept the provided agont, or both, in the State of Florida. I am lamiliar with, and accept the both accept the provided agont, or both, in the State of Florida. I am lamiliar with, and accept the both accept the provided agont, or both, in the State of Florida. I am lamiliar with, and accept the both accept the provided agont, or both, in the State of Florida. I am lamiliar with, and accept the both accept the provided agont, and accept the provided agont accept the provided accurate and that my signature shall have the semipline accept the provided agont accurate and that my signature shall have the semipline accept the provided agont accurate and that my signature shall have the semipline accept the provided agont accurate and that my signature shall have the semipline accept the provided agont accurate and that my signature shall have the semipline accept the provided ago		5. Name and Add	ress of Current F				, 7. Name an	d Address of New R	egistered A	jent	
Size Address (P.O. Box Number is Not Acceptable)	CORPORA	ATION SERVICE	COMPANY			Name					
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