

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081196

FILED  
May 02, 2006  
Secretary of State

Entity Name: STAFFING ON DEMAND LLC

**Current Principal Place of Business:**

1690 DUNLAWTON AVE  
220  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

1690 DUNLAWTON AVE  
220  
PORT ORANGE, FL 32127

**New Mailing Address:**

FEI Number: 04-3823946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

IMACS LLC  
1690 DUNLAWTON AVE  
210  
PORT ORANGE, FL 32127 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

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HEMAIDAN, AMMAR  
Address: 1690 DUNLAWTON AVE # 210  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR ( ) Delete  
Name: SOLOMON, GEORGE  
Address: 1690 DUNLAWTON AVE #110  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMMAR HEMAIDAN

MGR

05/02/2006

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