

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117886

FILED
Apr 29, 2008
Secretary of State

Entity Name: ALLIANCE WORKFORCE SOLUTIONS, LLC

Current Principal Place of Business:

2141 MAIN STREET
SUITE F
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

2141 MAIN STREET
SUITE F
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 20-3715277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORLEW, TIMOTHY A
19308 AQUA SPRINGS DR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

NARDELLO, SALVATORE
3011 MARBLE CREST DRIVE
LAND O LAKES, FL 34638 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: SALVATORE NARDELLO

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROHRS, RODNEY B
Address: 1640 23RD AVE NORTH
City-St-Zip: ST PETE, FL 33713

Title: MGRM () Delete
Name: CORLEW, TIMOTHY A
Address: 19308 AQUA SPRINGS DR
City-St-Zip: LUTZ,, FL 33558

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ROHRS, RODNEY B
Address: 1640 23RD AVE NORTH
City-St-Zip: ST PETE, FL 33713

Title: PRES (X) Change () Addition
Name: NARDELLO, SALVATORE
Address: 3011 MARBLE CREST DR.
City-St-Zip: LAND O LAKES, FL 34638

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: SALVATORE NARDELLO

PRES

04/29/2008

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