

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000010960

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** AFTER HOURS OFFICE ASSISTANCE, LLC

**Current Principal Place of Business:**

801 JENKS AVENUE  
SUITE H  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 JENKS AVENUE  
SUITE H  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

**FEI Number:** 20-4214941      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WILSON, JULIE A  
801 JENKS AVENUE  
SUITE H  
PANAMA CITY, FL 32401 US

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

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: WILSON, JULIE A  
Address: 801 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32401 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WILSON, JULIE A  
Address: 801 JENKS AVENUE, SUITE H  
City-St-Zip: PANAMA CITY, FL 32401 US

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: JULIE A. WILSON

MGR

04/30/2007

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