

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000059597

1. Entity Name

A WORKING SOLUTION LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 AUG 13 PM 3:55

Principal Place of Business

4305 NORTH MERIDIAN AVENUE
MIAMI BEACH FL 33140

Mailing Address

4305 NORTH MERIDIAN AVENUE
MIAMI BEACH FL 33140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name *Michael Aneckstein*

Street Address (P.O. Box Number is Not Acceptable)

4305 N. Meridian Ave.

Miami Beach, FL

City *Miami Beach FL FL*

Zip Code *33140*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME ANECKSTEIN, MICHAEL
STREET ADDRESS 4305 NORTH MERIDIAN AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE MGR ☐ Delete
NAME ANECKSTEIN, RAQUEL
STREET ADDRESS 4305 NORTH MERIDIAN AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE S ☐ Delete
NAME ANECKSTEIN, RAQUEL
STREET ADDRESS 4305 NORTH MERIDIAN AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE T ☐ Delete
NAME ANECKSTEIN, MICHAEL
STREET ADDRESS 4305 NORTH MERIDIAN AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE BLT ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Michael Aneckstein* *Michael Aneckstein* 8/06/07 672-0701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #