2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/10/2008-90032-006-$138.75-$138.75
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -3 PM 3:42

600

DOCUMENT # L07000011106

1. Entity Name
ON DEMAND LABOR, LLC

Principal Place of Business
644 POLK AVE
PENSACOLA, FL 32507 US

Mailing Address
644 POLK AVE
PENSACOLA, FL 32507 US

2. Principal Place of Business - No P.O. Box #
628 Gordon Ave.
Suite, Apt. #, etc.
City & State: Pensacola FL
Zip: 32507 Country: US

3. Mailing Address
628 Gordon Ave.
Suite, Apt. #, etc.
City & State: Pensacola FL
Zip: 32507 Country:

07082008 Chg-LLC CR2E083 (12/06)

4. FEI Number: Applied For / ✓ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WILSON, JAMES T III
644 POLK AVE
PENSACOLA, FL 32507

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 628 Gordon Ave.
City: Pensacola FL Zip Code: 32507.

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: X James Tony Wil 9-8-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM ☐ Delete
NAME	WILSON, JAMES T III
STREET ADDRESS	644 POLK AVE
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	Mgrm ☒ Change ☐ Addition
NAME	Wilson, James T III
STREET ADDRESS	628 Gordon Ave.
CITY-ST-ZIP	Pensacola, FL 32507
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	☐ 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: X James Tony Wil 9-8-08 (850)-291-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JAMES THOMAS WILSON, III