2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State
07-02-2008 90039 011 ***138.75

DOCUMENT # L07000011963

1. Entity Name
IRECRUIT, LLC

Principal Place of Business	Mailing Address
17616 LAKE IOLA RD DADE CITY, FL 33523	P.O. BOX 48432 TAMPA, FL ~~33647~~

06242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 17616 Lake Iola Rd	3. Mailing Address PO BOX 48432
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State DadeCity, FL	City & State Tampa, FL
Zip 33523 Country US	Zip 33646 Country USA

4. FEI Number 84-1726151 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOZANO, LOURDES S 17616 LAKE IOLA RD DADE CITY, FL 33523	Name: Same / no change Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $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		Delete	10. ADDITIONS/CHANGES	Change	Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HUDACK, CONEPCION S 10914 VALLEY SPRING DR CHARLOTTE, NC 28277	☐	HUDACK, CONCEPCION S.	☑	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LOZANO, LOURDES S ~~P.O. BOX 48432~~ ~~TAMPA, FL 33647~~	☐	PO BOX 48432 TAMPA, FL. 33646	☑	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐		☐	☐
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TITLE / 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.

Concepcion S. Hudack
SIGNATURE: CONCEPCION S. HUDACK 7/20/08 (813)431-3470
6/30/08 (704) 384-5158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #