2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90149 047 ***143.75

DOCUMENT # L07000019090

1. Entity Name
BLUE CHIP HEADHUNTERS LLC

Principal Place of Business	Mailing Address
3446 SOHO ST. SUITE 108 ORLANDO FL 32835	3446 SOHO ST. SUITE 108 ORLANDO FL 32835

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1290 NORTH RIDGE BLVD STE. 3211		1290 NORTH RIDGE BLVD STE 3211	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
CLERMONT, FL		CLERMONT, FL	
City & State		City & State	
34711	US	34711	US
Zip	Country	Zip	Country

4. FEI Number 20-8556617 ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

REDDEN, ROBERT
3446 SOHO ST. SUITE 108
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name N/A
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
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REDDEN, ROBERT 3446 SOHO ST. SUITE 108 ORLANDO FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REDDEN, ROBERT 1290 NORTH RIDGE BLVD SUITE 3211 CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REDDEN, HEATHER 3446 SOHO ST. SUITE 108 ORLANDO FL 32835	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR REDDEN, HEATHER 1290 NORTH RIDGE BLVD SUITE 3211 CLERMONT, FL 34711	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Heather Leanne VanDemark 4/5/08 407 256 9221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #