


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90138 012 \*\*\*143.75

|  |   |                                 |   |  |  |
|--|---|---------------------------------|---|--|--|
| <b>DOCUMENT # L07000021034</b>   |   |                                 |   |                           |  |
| 1. Entity Name<br><b>A &amp; A RECRUITING GROUP, LLC</b>   |   |                                 |   |  |  |
| Principal Place of Business<br><b>13248 S.W. 114 TERRACE<br/>MIAMI, FL 33186</b>   |   |                                 | Mailing Address<br><b>13248 S.W. 114 TERRACE<br/>MIAMI, FL 33186</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |                                 | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.   |  |  |
| City & State   |   |                                 | City & State  |  |  |
| Zip  | Country   | Zip                             | Country   | 4. FEL Number<br><b>56-2644291</b>   |  |
|  |   |                                 |   | Applied For<br>Not Applicable  |  |
|  |   |                                 |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>GEISE, ARLENE C<br/>13248 S.W. 114 TERRACE<br/>MIAMI, FL 33186</b>   |   |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |                                 |   |  |  |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   |                                 | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>GEISE, ARLENE C<br>13248 S.W. 114 TERRACE<br>MIAMI, FL 33186    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>PERCUDANI, ANITA<br>1000 PARKVIEW DRIVE<br>HALLANDALE, FL 33009 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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: <i>Anita Percudani</i>  |   |                                 | Date: <i>1-15-08</i> 954-458-5487   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |                                 | Daytime Phone # <i>305-386-1034</i>   |  |  |

**60007343**



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