


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

FILED
May 05, 2008 8:00 am
Secretary of State

04-10-2008 90127 017 ***138.75

DOCUMENT # L07000100685
 1. Entity Name
ABA CONSULTING & RECRUITING GROUP, LLC



Principal Place of Business Mailing Address
 12639 MISSION HILLS CIRCLE NORTH JACKSONVILLE FL 32225
 12639 MISSION HILLS CIRCLE NORTH JACKSONVILLE FL 32225



2. Principal Place of Business - No P.O. Box #
12639 Mission Hills Circle
 Suite, Apt. #, etc.

3. Mailing Address
12639 Mission Hills Circle
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State **Jacksonville, FL** City & State **Jacksonville, FL**
 Zip **32225** Country **Duv21** Zip **32225** Country **Duv21**
 4. FEI Number **26-1174541** Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
GRAYSON ACCOUNTING & CONSULTING, P.A.
118-B SALEM COURT
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name _____
 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 *Alvin G White* DATE _____
(NOTE: Registered agent signature required if when operating)

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	MGRM WHITE, ALVIN G 12639 MISSION HILLS CIRCLE NORTH JACKSONVILLE FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *Alvin G White* Date: **3-30-08 (904) 646-1215**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE