## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L07000120404** 

## FILED Mar 03, 2008 8:00 am Secretary of State

03-03-2008 90403 021 \*\*\*143.75

	1. Entity Nam THE JOB	XCHANGE LLC			を記述				
ŀ	Principal Place	e of Business	Mailing Address			0012020			
İ	Principal Place of Business 2174 MISTY WAY LANE MELBOURNE, FL 32935		2174 MISTY WAY LANE MELBOURNE, FL 32935		p	60012030			
l						I <b>a e</b> rr 1 <b>2 e</b> n <b>62</b> er <b>a u</b> ter <b>1</b> er	<b>Ö</b> I ITOLO (1811 CÖLKI OLO)	<b>ee</b> nt <b>e</b> re <b>ce</b> t de d	
ŀ	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address	<del></del>					
Suite, Apt. #, etc.		#, etc.	Suite, Apt. #, etc.		02262008 Chg-LLC CR2E083 (12/06)				
ľ	City & State		City & State		4. FEI Numb	15462	6	Applied I	_
İ	Zip	Country	Zip	Country		of Status Desired	\$5.0	O Additional equired	_
ŀ		6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent	·	_
l	QUINONES, MARIANNE			Name					
I	2174 MIST	Y WAY LANE KNE, FL 32935		Street Addre	ss (P.O. Box Numb	er is Not Acceptable	<del>)</del>	<u>-</u>	_ _
ļ				City			FL Z	p Code	_
ŀ	8 The above	named entity submits this statement fo	r the purpose of changing its	. <u>  </u>	stered agent, or bo	th in the State of Elv	FL	·	_
l		ions of registered agent.	the purpose of changing it	s registered office of regi	stered agent, or bo	AIT, III IIIO SILILO OI TIL	люа. Галганию.	a wittis, atticati	Ç.
١	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signature req	uired when reinstating)		DATE		_
	FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						e check payabl a Department of		
ļ	9.	MANAGING MEMBE	10.	D. ADDITIONS/CHANGES				_	
I	TITLE	MGRM	Delete	TITLE				hange 🔲 A	Ađ
l	name Street address	QUINONES, DENNIS 2102 WOODFIELD CIRCLE	7	NAME STREET ADDRESS					
l	CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP					
I	TITLE	MGRM	Delete	IIILE			a	hange 🔲 /	Ad
İ	NAME	QUALIZZA, GREG	l	NAME					
١	STREET ADDRESS CITY-ST-ZIP	7837 KEYSTONE RD ORLAND PARK, IL 60462		STREET ADDRESS CITY-ST-ZIP					
Ì	TITLE	MGRM	Delete	TITLE				hange 🔲 A	Ad
l	NAME	QUALIZZA, STEVE	7 50000	NAME			<u></u> •		_
I	STREET ADDRESS	7555 W. PONDEROSA COURT	<b>-</b>	STREET ADDRESS					
ŀ	CITY-ST-ZIP	ORLAND PARK, IL 60462		CITY-ST-ZIP					_
l	TITLE NAME	MGR QUINONES, MARIANNE	☐ Defete	TITLE NAME				hange 🗍 /	ACI
I	STREET ADDRESS	2174 MISTY WAY LANE		STREET ADDRESS					
l	CITY-ST-ZIP	MELBOURNE, FL 32935		CITY-ST-ZIP					
I	TITLE		☐ Delete	TITLE				hange 🔲 A	Ad
۱	NAME			NAME STREET ADDRESS					
	STREET ASSOCIACE			3 INCL I ADUNCOS					
	STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
	CITY-ST-ZIP		□ Nelete		<del></del>		Па	hanne 🗆 i	<u>_</u>
			☐ Delete	CHY-ST-ZIP  TITLE  NAME	<u></u>			hange [] /	Ad
	CITY-ST-ZIP	-	☐ Defete	πτιε			□ a	hange 🔲 A	Ad

Mariana auinmen 2/26/08

<sup>11.</sup> 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.