S08225901088

8/5/2008-90022-036-$138.75-$138.75 *
9/10/2008-90031-001-$5.00-$5.00

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000126560

1. Entity Name
XTREME HR SOLUTIONS, LLC

Principal Place of Business	Mailing Address
12325 BRADY MANOR WAY JACKSONVILLE, FL 32223	12325 BRADY MANOR WAY JACKSONVILLE, FL 32223

600[illegible]

07292008 Chg-LLC CR2E083 (12/06)

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. FEI Number 26-1609352 ☐ 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
WILLS, LIN M 12325 BRADY MANOR WAY JACKSONVILLE, FL 32223	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

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			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLS, LIN M 12325 BRADY MANOR WAY JACKSONVILLE, FL 32223	☐ Delete	MGRM OWNER WILLS LIN M 12325 BRADY MANOR WAY JACKSONVILLE, FL 32223	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WILLS, LIN M 12325 BRADY MANOR WAY JACKSONVILLE FL 32223	☐ Delete	MGRM WILLS, LIN M OU 12325 BRADY MANOR WAY JACKSONVILLE FL 32223	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2008	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

FILED
2008 OCT 03 A 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____ 07/29/08 904-894-6457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #