

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90022 036 \*\*\*\*50.00

DOCUMENT # M00000002611

1. Entity Name  
LEE HECHT HARRISON LLC



Principal Place of Business  
1900 NW COPORATED BLVD., STE. 210 E  
BOCA RATON, FL 33431

Mailing Address  
50 TICE BLVD.  
WOODCLIFF LAKE, NJ 07677



2. Principal Place of Business

50 Tice Blvd  
Suite, Apt. #, etc.

3. Mailing Address

175 Broad Hollow Road  
Suite, Apt. #, etc.  
96 Tax Dept.

01052006 Chg-LLC CR2E083 (11/05)

City & State  
Woodcliff Lake NJ

Zip 07677 Country USA

City & State  
Melville NY

Zip 11747 Country USA

4. FEI Number  
11-3575564

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE PC ☒ Delete  
NAME O'DONNELL, PAUL  
STREET ADDRESS 50 TICE BOULEVARD  
CITY-ST-ZIP WOODCLIFF LAKE, NJ 07677

TITLE VCSF ☒ Delete  
NAME ALCIDE, PETER  
STREET ADDRESS 50 TICE BLVD.  
CITY-ST-ZIP WOODCLIFF LAKE, NJ 07677

TITLE AS ☒ Delete  
NAME KARABELAS, DIANA  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE, NY 11747

TITLE VTAX ☒ Delete  
NAME SMALHEISER, HARVEY  
STREET ADDRESS 175 BROAD HOLLOW ROAD  
CITY-ST-ZIP MELVILLE, NY 11747

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE managing member ☐ Change ☒ Addition  
NAME ASI Staffing, Inc.  
STREET ADDRESS 175 Broad Hollow Rd  
CITY-ST-ZIP Melville NY 11747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Harvey Smalheiser

3/24/06

631 844 7800

Date

Daytime Phone #