2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000002611

Entity Name
 LEE HECHT HARRISON LLC



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

50 TICE BLVD WOODCLIFF LAKE, NJ 07677 Mailing Address

175 BROAD HOLLOW RD C/O TAX DEPT. MELVILLE, NY 11747



04112007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	11-3575564		Not Applicable
5.	Certificate of Status Desired	□ \$5.0	00 Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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			
	iling Fee is \$50.00 ue by May 1, 2007						
9.	MANAGING MEMBERS/MANAGERS	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASI STAFFING, INC. 175 BROAD HOLLOW RD MELVILLE, NY 11747	12		/ U00000718796 05/01/07-80036-005 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			į				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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							