


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000000039 1. Entity Name AJILON PROFESSIONAL STAFFING LLC	
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Principal Place of Business 175 BROAD HOLLOW ROAD MELVILLE, NY 11747	Mailing Address 175 BROAD HOLLOW ROAD MELVILLE, NY 11747
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DO NOT WRITE IN THIS SPACE



05022008No Chg-LLC CR2E083 (12/07)

4. FEI Number 47-0897049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	U000000951048 06/04/08-80017-001 538.75
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADECCO NORTH AMERICA LLC 175 BROAD HOLLOW RD MELVILLE, NY 11747
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IN THIS SPACE**

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: <i>Dan Chisat</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>5/12/08</i> <small>Date</small>	 <small>Daytime Phone #</small>
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