



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90118 001 ****55.00

DOCUMENT # M03000002384 1. Entity Name APS STAFFING, LLC					
Principal Place of Business 6520 SHILOH ROAD SUITE 110 ALPHARETTA, GA 30005			Mailing Address 6520 SHILOH ROAD SUITE 110 ALPHARETTA, GA 30005		
2. Principal Place of Business 2550 Northwinds Pkwy Suite 1160		3. Mailing Address 2550 Northwinds Pkwy Suite 1160			
City & State Alpharetta, GA		City & State Alpharetta, GA		07072006 Chg-LLC CR2E083 (11/05)	
Zip 30004		Country USA		4. FEI Number 58-2590950	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent VANCE, JOSHUA C 826 ESSEX DRIVE TALLAHASSEE, FL 32304			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 <u><i>Joshua C. Vance</i></u> Joshua C. Vance <u>7/7/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANCE, JESSE C 6520 SHILOH ROAD, SUITE 110 ALPHARETTA, GA 30005	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2550 Northwinds Pkwy, Suite 1160 Alpharetta, GA 30004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Jesse C. Vance</i></u> Jesse C. Vance <u>7/7/06</u> <u>770-500-3915</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					