2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# M06000001090

Entity Name: A-LINE STAFFING SOLUTIONS, LLC

Current Principal Place of Business:

31201 CHICAGO RD.
SUITE C-302
WARREN, MI 48093

New Principal Place of Business:

Current Mailing Address:

31201 CHICAGO RD.
SUITE C-302
WARREN, MI 48093

New Mailing Address:

FEI Number: 20-1109647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LICHOCKI, DANIEL
1824 SHORE DRIVE SOUTH
PASADENA, FL 33707 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LICHOCKI, RAYMOND
Address: 31201 CHICAGO RD. SUITE C-302
City-St-Zip: WARREN, MI 48093

Title: MGR ( ) Delete
Name: LICHOCKI, DANIEL
Address: 31201 CHICAGO RD. SUITE C-302
City-St-Zip: WARREN, MI 48093

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LICHOCKI, DANIEL
Address: 31201 CHICAGO RD. SUITE C-302
City-St-Zip: WARREN, MI 48093

Title: MGR (X) Change ( ) Addition
Name: LICHOCKI, RAYMOND
Address: 31201 CHICAGO RD. SUITE C-302
City-St-Zip: WARREN, MI 48093

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL LICHOCKI MEMB 02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date