

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000006458

1. Entity Name
**HEADWAY CORPORATE STAFFING SERVICES EAST,
L.L.C.**



Principal Place of Business

**421 FAYETTEVILLE STREET MALL, STE. 1020
RALEIGH, NC 27601**

Mailing Address

**421 FAYETTEVILLE STREET MALL, STE. 1020
RALEIGH, NC 27601**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
13-4010751

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000783873
01/16/08-80033-001 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAKEY, JEAN-PIERRE
STREET ADDRESS	421 FAYETTEVILLE STREET MALL, STE. 1020
CITY-ST-ZIP	RALEIGH, NC 27601
TITLE	MGRM
NAME	YELENIC, JOSEPH
STREET ADDRESS	421 FAYETTEVILLE STREET MALL, STE. 1020
CITY-ST-ZIP	RALEIGH, NC 27601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

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

Joseph J. Yelenic

1-4-08

Date

(919) 424-1062

Daytime Phone #