## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

ANNUAL REPORT	
DOCUMENT # M0700000894	

1. Entity Name ASAP STAFFING, LLC

Principal Place of Business

3885 HOLCOMB BRIDGE ROAD NORCROSS, GA 30092 Mailing Address

3885 HOLCOMB BRIDGE ROAD NORCROSS, GA 30092



DO NOT WRITE IN THIS SPACE

02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 58-2372559

Applied For Not Applicable

5. Certificate of Status Desired

\$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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a and only and a subject of only

The above named entity submits this statement for the purpose of change	ging 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 U00000846835 03/18/08-80043-017 138.75

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9 •	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	ALFORD, ROZ		
STREET ADDRESS	3885 HOLCOMB BRIDGE ROAD		
CITY-\$1-ZIP	NORCROSS, GA 30092		
TITLE	MGR		
NAME	WILLIAMS, NANCY		
STREET ADORESS	3885 HOLCOMB BRIDGE ROAD		
CITY-ST-ZIP	NORCROSS, GA 30092		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP.	•		
TITLE***	,		
NAME			
STREET ADDRESS	,		
CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the			

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 pompany or the resemble of trustee expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: WALL !!!!!!

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/27/08 7702461718

Daytime Phone #