

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000894

Entity Name: ASAP STAFFING, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

3885 HOLCOMB BRIDGE ROAD
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

3885 HOLCOMB BRIDGE ROAD
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 58-2372559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: ALFORD, ROZ
Address: 3885 HOLCOMB BRIDGE ROAD
City-St-Zip: NORCROSS, GA 30092

Title: MGR () Delete
Name: WILLIAMS, NANCY
Address: 3885 HOLCOMB BRIDGE ROAD
City-St-Zip: NORCROSS, GA 30092

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALFORD, ROZ
Address: 3885 HOLCOMB BRIDGE ROAD
City-St-Zip: NORCROSS, GA 30092

Title: MGRM (X) Change () Addition
Name: WILLIAMS, NANCY
Address: 3885 HOLCOMB BRIDGE ROAD
City-St-Zip: NORCROSS, GA 30092

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: ROZ ALFORD

MGRM

04/21/2009

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