2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2009
Secretary of State

DOCUMENT# M08000002123

Entity Name: BEACON HILL STAFFING GROUP, LLC

Current Principal Place of Business:

152 BOWDEN STREET
BOSTON, MA 02108

New Principal Place of Business:

152 BOWDOIN STREET
BOSTON, MA 02108

Current Mailing Address:

152 BOWDEN STREET
BOSTON, MA 02108

New Mailing Address:

152 BOWDOIN STREET
BOSTON, MA 02108

FEI Number: 04-3496741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: DROOKER, SELENA A
Address: 152 BOWDEN STREET
City-St-Zip: BOSTON, MA 02108

Title: MGR (X) Delete
Name: DROOKER, STEVEN
Address: 152 BOWDEN STREET
City-St-Zip: BOSTON, MA 02108

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DROOKER, STEVEN
Address: 152 BOWDOIN STREET
City-St-Zip: BOSTON, MA 02108

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ANDREW WANG CEO 07/07/2009

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