

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H25844

**Entity Name:** ADP TOTALSOURCE FL XIV, INC.**Current Principal Place of Business:**10200 SUNSET DR  
MIAMI, FL 33173**Current Mailing Address:**1 ADP BLVD  
MS 433  
ROSELAND, NJ 07068 US**FEI Number:** 59-2452323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | DIRECTOR           |
| Name            | TINGLE, JENNIFER   |
| Address         | 10200 SUNSET DRIVE |
| City-State-Zip: | MIAMI FL 33173     |

|                 |                     |
|-----------------|---------------------|
| Title           | ASSISTANT SECRETARY |
| Name            | SETNOR, NIKKI       |
| Address         | 10200 SUNSET DR     |
| City-State-Zip: | MIAMI FL 33173      |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | ORIHUELA, CRISTIAN  |
| Address         | 5800 WINDWARD PKWY  |
| City-State-Zip: | ALPHARETTA GA 30005 |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | MICHAUD, BRIAN L    |
| Address         | 5800 WINDWARD PKWY  |
| City-State-Zip: | ALPHARETTA GA 30005 |

|                 |                 |
|-----------------|-----------------|
| Title           | CFO             |
| Name            | DREWRY, JOHN W  |
| Address         | 10200 SUNSET DR |
| City-State-Zip: | MIAMI FL 33173  |

|                 |                  |
|-----------------|------------------|
| Title           | SECRETARY        |
| Name            | TINGLE, JENNIFER |
| Address         | 10200 SUNSET DR  |
| City-State-Zip: | MIAMI FL 07068   |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JENNIFER TINGLE**SECRETARY****04/25/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date