

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000000557

**Entity Name:** EMPLOYEE LEASING SPECIALIST, INC.

**Current Principal Place of Business:**

24700 S.W. 129TH AVENUE  
HOMESTEAD, FL 33032

**Current Mailing Address:**

24700 S.W. 129TH AVENUE  
HOMESTEAD, FL 33032

**FEI Number: 26-3990017**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSE, LINDA  
24700 S.W. 129TH AVENUE  
HOMESTEAD, FL 33032 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 P  
Name ROSE, LINDA  
Address 24700 S.W. 129TH AVENUE  
City-State-Zip: HOMESTEAD FL 33032

*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: LINDA ROSE**

**PRESIDENT**

**01/13/2020**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date