

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076005

Entity Name: INTEGRATED STAFFING SOLUTIONS, LLC

Current Principal Place of Business:

1615 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

Current Mailing Address:

1615 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

FEI Number: 20-1880618

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
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

Authorized Person(s) Detail :

Title MANAGER
Name BOK, ROBERT
Address 456 COCONUT PALM ROAD
City-State-Zip: BOCA RATON FL 33432

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT BOK

MANAGING DIRECTOR

02/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date