

**2018 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  
MIAMI, 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

**PRESIDENT**

**01/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date