

**2013 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.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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 MGRM  
Name URBANSKI, DENNIS AMGRM  
Address 4961 N.W. 97 DRIVE  
City-State-Zip: CORAL SPRINGS FL 33076

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DENNIS URBANSKI

MANAGING DIRECTOR

03/19/2013

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

\_\_\_\_\_  
Date