

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089345

**Entity Name:** XCLUSIVE STAFFING OF FLORIDA, LLC

**Current Principal Place of Business:**

8774 YATES DR., SUITE 210  
WESTMINSTER, CO 80031

**Current Mailing Address:**

8774 YATES DR., SUITE 210  
WESTMINSTER, CO 80031 US

**FEI Number:** 27-0946767

**Certificate of Status Desired:** Yes

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

C T 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ASTLEY, DIANE  
Address 8774 YATES DR., SUITE 210  
City-State-Zip: WESTMINSTER CO 80031

Title BENEFITS MANAGER  
Name ELOMARI, HASSAN  
Address 8774 YATES DR., SUITE 210  
City-State-Zip: WESTMINSTER CO 80031

*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:** DIANE ASTLEY

**MANAGER**

**04/23/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date