

2016 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: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

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

03/02/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date