

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042673

Entity Name: CLOUDMILLS HRNX LLC**Current Principal Place of Business:**37 N ORANGE AVE.
SUITE 500
ORLANDO, FL 32801**Current Mailing Address:**37 N ORANGE AVE.
SUITE 500
ORLANDO, FL 32801 US**FEI Number:** 46-5374670**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGNET HRO LLC, A FLORIDA LLC
37 N ORANGE AVE.
#500
ORLANDO, FL 32801 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:** JOHN SANSOUCIE CEO OF COGNET LLC

08/03/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO, TREASURER AND SECRETARY,
MANAGER
Name SHEPPARD, DIANNA
Address 17333 FLAME TREE CIRCLE
City-State-Zip: FOUNTAIN VALLEY CA 92708

Title MANAGER
Name BARFOOT, RICK
Address 37 N ORANGE AVE.
SUITE 500
City-State-Zip: ORLANDO FL 32801

Title MANAGER
Name CARVER, SCOTT
Address 37 N ORANGE AVE.
SUITE 500
City-State-Zip: ORLANDO FL 32801

Title EXECUTIVE VICE PRESIDENT,
MANAGER
Name MLADINEO, PAUL
Address 606 W. 57TH STREET
APT PH5
City-State-Zip: NEW YORK NY 10019

Title MANAGER
Name CAPAN, FRANK
Address 37 N ORANGE AVE.
SUITE 500
City-State-Zip: ORLANDO FL 32801

Title MANAGER
Name GOEPEL, PAT
Address 37 N ORANGE AVE.
SUITE 500
City-State-Zip: ORLANDO FL 32801

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: PAUL MLADINEO**PRESIDENT**

08/03/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date