

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000014839

Entity Name: CELL STAFF, LLC**Current Principal Place of Business:**1715 N WESTSHORE BLVD
410
TAMPA, FL 33607**Current Mailing Address:**1715 N WESTSHORE BLVD
410
TAMPA, FL 33607 US**FEI Number:** 46-4652038**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LOMAX, MAC
17104 CRAWLEY RD
ODESSA, FL 33556 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	MGR
Name	GUTIERREZ, DAN
Address	1511 W FIG STREET APT 7203
City-State-Zip:	TAMPA FL 33606

Title	MGR
Name	JOHNSON, KELLY
Address	815 COLORADO BLVD SUITE 400
City-State-Zip:	LOS ANGELES CA 90041

Title	MGR
Name	DAVIDSON, BEN
Address	815 COLORADO BLVD. SUITE 400
City-State-Zip:	LOS ANGELES CA 90041

Title	MGR
Name	ISA, RAMI
Address	706 FOXGLOVE PL
City-State-Zip:	BRANDON FL 33510

Title	MGR
Name	MALLINGER, JOE
Address	815 COLORADO BLVD. SUITE 400
City-State-Zip:	LOS ANGELES CA 90041

Title	MGR
Name	LOMAX, MAC
Address	17104 CRAWLEY ROAD
City-State-Zip:	ODESSA FL 33556

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: RAMI ISA**MANAGING PARTNER****02/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date