

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000194760

**Entity Name:** SERAPH STAFFING, LLC

**Current Principal Place of Business:**

TRAFALGAR COURT, 2ND FLOOR, EAST WING,  
ADMIRAL PARK, ST PETER PORT,  
GUERNSEY, CHANNEL ISLANDS GY1 3EL

**Current Mailing Address:**

PO BOX 100, TRAFALGAR COURT  
ADMIRAL PARK, ST PETER PORT,  
GUERNSEY, CHANNEL ISLANDS GY1 3EL GB

**FEI Number:** 35-2523834

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC  
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           | MGR   |
| Name            | ARTEMIS CORPORATE SERVICES LIMITED                          |
| Address         | PO BOX 100, TRAFALGAR COURT<br>ADMIRAL PARK, ST PETER PORT, |
| City-State-Zip: | GUERNSEY CHANNEL ISLANDS GY1<br>3EL                         |

*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:** KEREN BOWEN, DIRECTOR, ARTEMIS  
CORPORATE SERVICES LTD

**DIRECTOR**

**04/30/2021**

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

\_\_\_\_\_ Date