

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000089865

**Entity Name:** CM WORKFORCE SOLUTIONS, LLC

**Current Principal Place of Business:**

6761 WEST SUNRISE BLVD.  
SUITE 14  
PLANTATION, FL 33313

**Current Mailing Address:**

6761 WEST SUNRISE BLVD.  
SUITE 14  
PLANTATION, FL 33313 US

**FEI Number:** 81-2901580

**Certificate of Status Desired:** No

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

COHEN, MATTATIA  
6761 WEST SUNRISE BLVD.  
SUITE 13  
PLANTATION, FL 33313 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 AMBR  
Name COHEN, MATTATIA  
Address 6761 WEST SUNRISE BLVD.  
SUITE 14  
City-State-Zip: PLANTATION FL 33313

*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:** MATTATIA COHEN

**PRESIDENT**

**02/01/2017**

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

\_\_\_\_\_  
Date