

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000111964

**Entity Name:** SUPPORT STAFF SOLUTIONS USA LLC

**Current Principal Place of Business:**

8400 NW 36TH STREET  
STE 450  
DORAL, FL 33166

**Current Mailing Address:**

8400 NW 36TH STREET  
STE 450  
DORAL, FL 33166 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

AMADO, PEDRO A  
8400 NW 36TH STREET  
STE 450  
DORAL, FL 33166 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:** PEDRO A. AMADO

01/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	AMADO, PEDRO A	Name	AMADO, JUAN E
Address	8400 NW 36TH STREET STE 450	Address	8400 NW 36TH STREET STE 450
City-State-Zip:	DORAL FL 33166	City-State-Zip:	DORAL FL 33166

*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:** PEDRO A AMADO

MGR

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date