

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000080129

**Entity Name:** STAFFIND, LLC

**Current Principal Place of Business:**

950 S. PINE ISLAND ROAD  
SUITE A-150  
PLANTATION, FL 33324

**Current Mailing Address:**

950 SOUTH PINE ISLAND ROAD  
SUITE A-150,  
PLANTATION, FL 33324 US

**FEI Number:** 88-1006036

**Certificate of Status Desired:** No

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

CAPUNO, EDMOND  
6740 NW 45TH STREET  
LAUDERHILL, FL 33319 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	Title	MGR
Name	ZACKY, MONAWAR	Name	CAPUNO, EDMOND
Address	2000 METROPICA WAY UNIT 408	Address	6740 NW 45TH STREET
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	LAUDERHILL FL 33319

*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:** EDMOND CAPUNO

**MANAGER**

**01/12/2023**

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

\_\_\_\_\_  
Date