

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

Entity Name: 360 HEALTHCARE STAFFING LLC

Current Principal Place of Business:

5401 WEST KENNEDY BLVD
SUITE 830
TAMPA, FL 33609

Current Mailing Address:

5401 WEST KENNEDY BLVD
SUITE 830
TAMPA, FL 33609 US

FEI Number: 43-1974983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER	Title	MANAGER
Name	MEIER, CRAIG	Name	HOBART, MATTHEW
Address	1010 NORTH 102 STREET SUITE 300	Address	345 CALIFORNIA STREET SUITE 3300
City-State-Zip:	OMAHA NE 68114	City-State-Zip:	SAN FRANCISCO CA 94104

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: CRAIG MEIER

MANAGER

04/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date