

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000004059

Entity Name: ALPHANUMERIC STAFFING CONSULTANTS, LLC**Current Principal Place of Business:**4515 FALLS OF NEUSE ROAD
SUITE 250
RALEIGH, NC 27609**Current Mailing Address:**4515 FALLS OF NEUSE ROAD
SUITE 250
RALEIGH, NC 27609 US**FEI Number:** 04-3367044**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
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	CHAIRMAN
Name	BRASWELL, KAREN
Address	4515 FALLS OF NEUSE ROAD SUITE 250
City-State-Zip:	RALEIGH NC 27609

Title	CEO
Name	TRICE, RANDY
Address	4515 FALLS OF NEUSE ROAD SUITE 250
City-State-Zip:	RALEIGH NC 27609

Title	CONTROLLER
Name	MCNALLY, MICHELLE
Address	4515 FALLS OF NEUSE ROAD SUITE 250
City-State-Zip:	RALEIGH NC 27609

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: MICHELLE MCNALLY**CONTROLLER****01/26/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date