

**2019 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**

**01/23/2019**

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

\_\_\_\_\_  
Date