## **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001681

Entity Name: ASSIGNMENT AMERICA, LLC

**Current Principal Place of Business:** 

6551 PARK OF COMMERCE BLVD.

BOCA RATON, FL 33487

**Current Mailing Address:** 

5201 CONGRESS AVENUE, SUITE 100 B

BOCA RATON, FL 33487 US

FEI Number: 02-0586240 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:

City-State-Zip:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title Title **PRESIDENT** MGRM

Name CROSS COUNTRY STAFFING, INC. Name ZAHAROFF, MARISA

Address 6551 PARK OF COMMERCE BLVD. Address 5201 CONGRESS AVENUE,

SUITE 100 B

**FILED** Mar 22, 2019

**Secretary of State** 

3679235411CC

**BOCA RATON FL 33487** City-State-Zip: BOCA RATON FL 33487 City-State-Zip:

EXECUTIVE VICE PRESIDENT Title Title VΡ

Name CLARK, KEVIN Name BURNS, WILLIAM J.

5201 CONGRESS AVENUE, Address 5201 CONGRESS AVENUE, Address

SUITE 100 B SUITE 100 B

**BOCA RATON FL 33487** 

City-State-Zip: BOCA RATON FL 33487

Title **SECRETARY** Title ASSISTANT CONTROLLER Name

BALL, SUSAN E. Name PIZZI, CHRISTOPHER 5201 CONGRESS AVENUE, Address

Address 5201 CONGRESS AVENUE, SUITE 100 B

SUITE 100 B **BOCA RATON FL 33487** 

City-State-Zip: City-State-Zip: **BOCA RATON FL 33487** 

Title ASSISTANT TREASURER Title VΡ Name POPKIN, GREGORY

MULLARKEY, SYLVIA Name Address

5201 CONGRESS AVENUE, 5201 CONGRESS AVENUE, Address SUITE 100 B

SUITE 100 B BOCA RATON FL 33487

City-State-Zip: BOCA RATON FL 33487 City-State-Zip:

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.

03/22/2019 SIGNATURE: SUSAN E. BALL SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail

Date