

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001912

**Entity Name:** IMPACT EMPLOYMENT SOLUTIONS OF FLORIDA, LLC

**Current Principal Place of Business:**

136 N. HURON STREET  
TOLEDO, OH 43604

**Current Mailing Address:**

136 N. HURON STREET  
TOLEDO, OH 43604

**FEI Number:** 80-0802176

**Certificate of Status Desired:** Yes

**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           TREASURER  
Name           HASKINS, GARY  
Address        136 N. HURON STREET  
City-State-Zip: TOLEDO OH 43604

*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:** GARY HASKINS

TREASURER

04/13/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date