

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001912

Entity Name: IMPACT EMPLOYMENT SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

407 WEKIVA SPRINGS RD., #245
LONGWOOD, FL 32779

Current Mailing Address:

407 WEKIVA SPRINGS RD., #245
LONGWOOD, FL 32779 US

FEI Number: 80-0802176

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 TREASURER
Name HASKINS, GARY
Address 407 WEKIVA SPRINGS RD., #245
City-State-Zip: LONGWOOD FL 32779

Title MANAGER
Name LEARY, DARLENE
Address 407 WEKIVA SPRINGS RD., #245
City-State-Zip: LONGWOOD FL 32779

Title VP
Name BENDER, BRUCE
Address 407 WEKIVA SPRINGS RD., #245
City-State-Zip: LONGWOOD FL 32779

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: DARLENE LEARY

CONTROLLER

04/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date