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	04/15/2024		

SIGNATURE: GARY HASKINS

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

SIGNATURE:

Authorized Person(s) Detail :				
Title	TREASURER	Title	MGR	
Name	HASKINS, GARY	Name	APPOLD, JONN	
Address	136 N. HURON STREET	Address	136 N. HURON STREET	
City-State-Zip:	TOLEDO OH 43604-1139	City-State-Zip:	TOLEDO OH 43604-1139	

Name and Address of Current Registered Agent:

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.

2024 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 43604-1139

Current Mailing Address:

136 N. HURON STREET TOLEDO, OH 43604-1139 US

FEI Number: 80-0802176

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

Date

Certificate of Status Desired: Yes

Date

TREASURER