

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001956

**Entity Name:** INFORCE SOLUTIONS, LLC

**Current Principal Place of Business:**

300 PARK BROOKE PLACE  
SUITE 220  
WOODSTOCK, GA 30189

**Current Mailing Address:**

300 PARK BROOKE PLACE  
SUITE 220  
WOODSTOCK, GA 30189 US

**FEI Number:** 38-3926689

**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           MANAGER  
Name           SPAETH, GREG A.  
Address        300 PARK BROOKE PLACE  
                  SUITE 220  
City-State-Zip: WOODSTOCK GA 30189

Title           MANAGER  
Name           THOMAS, ANTHONY G.  
Address        300 PARK BROOKE PLACE  
                  SUITE 220  
City-State-Zip: WOODSTOCK GA 30189

Title           MANAGER  
Name           PETERSON, BRIAN B.  
Address        300 PARK BROOKE PLACE  
                  SUITE 220  
City-State-Zip: WOODSTOCK GA 30189

*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:** BRIAN B. PETERSON

**MANAGER**

**04/22/2017**

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

\_\_\_\_\_  
Date