

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400008615

Entity Name: TFORCE FINAL MILE, LLC

Current Principal Place of Business:

14881 QUORUM DRIVE
SUITE 700
DALLAS, TX 75254-7096

Current Mailing Address:

14881 QUORUM DRIVE
SUITE 700
DALLAS, TX 75254-7096 US

FEI Number: 98-0157119

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name BEDARD, ALAIN
Address 14881 QUORUM DRIVE
SUITE 700
City-State-Zip: DALLAS TX 75254-7096

Title MGR
Name LEVERIDGE, SCOTT
Address 14881 QUORUM DRIVE
SUITE 700
City-State-Zip: DALLAS TX 75254-7096

Title MGR
Name LANGLOIS, JOSIANE M
Address 14881 QUORUM DRIVE
SUITE 700
City-State-Zip: DALLAS TX 75254-7096

Title MGR
Name OLOTON, DORIS
Address 14881 QUORUM DRIVE
SUITE 700
City-State-Zip: DALLAS TX 75254-7096

Title MGR
Name TUREK, MIKE
Address 14881 QUORUM DRIVE
SUITE 700
City-State-Zip: DALLAS TX 75254-7096

Title MGR
Name QUESNEL, MARTIN
Address 14881 QUORUM DRIVE
SUITE 700
City-State-Zip: DALLAS TX 75254-7096

Title MGR
Name BURGIN, BO
Address 14881 QUORUM DRIVE
SUITE 700
City-State-Zip: DALLAS TX 75254-7096

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: SCOTT LEVERIDGE

MANAGER

03/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date