

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000008176

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**8235804265CC**

**Entity Name:** SMART-FILL EMPLOYER RESOURCES ADMINISTRATIVE SERVICES COMPANY, LLC

**Current Principal Place of Business:**

905 N MAIN STREET  
AUSTIN, MN 55912

**Current Mailing Address:**

905 N MAIN STREET  
AUSTIN, MN 55912 US

**FEI Number:** 39-2079586

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVE  
2ND FLOOR  
TALLAHASSEE, FL 32301 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           SHINDELAR, RANDY  
Address        905 N MAIN STREET  
City-State-Zip: AUSTIN MN 55912

Title           MANAGER  
Name           ASTRUP, DANIEL  
Address        905 N MAIN STREET  
City-State-Zip: AUSTIN MN 55912

Title           MANAGER  
Name           ASTRUP, CHRISTOPHER  
Address        905 N MAIN STREET  
City-State-Zip: AUSTIN MN 55912

*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:** RANDY SHINDELAR

**CFO**

**04/25/2019**

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

\_\_\_\_\_  
Date