

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000009284

**Entity Name:** OUTSOURCED LLC

**Current Principal Place of Business:**

4064 S ATLANTIC AVE  
PONCE INLET, FL 32127

**Current Mailing Address:**

4064 S ATLANTIC AVE  
PONCE INLET, FL 32127 US

**FEI Number:** 82-3767261

**Certificate of Status Desired:** No

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

CURKENDALL, LELAND  
4637 S ATLANTIC AVENUE, UNIT 8503  
PONCE INLET, FL 32127 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 GAUVIN, KARREN  
Address 4604 S ATLANTIC AVE  
City-State-Zip: PONCE INLET FL 32127

Title MBR  
Name GAUVIN, KARREN  
Address 4604 S ATLANTIC AVE  
City-State-Zip: PONCE INLET FL 32127

*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:** KARREN GAUVIN

**OWNER**

**01/19/2023**

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

\_\_\_\_\_  
Date