

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000024645

**FILED**  
**Nov 10, 2013**  
**Secretary of State**

**Entity Name:** AMERICA'S WORKFORCE SOLUTION LLC

**Current Principal Place of Business:**

18520 NW 67TH AVENUE  
SUITE 186  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

18520 NW 67TH AVENUE  
SUITE 186  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 61-1668535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PHAIR, CALVETTA  
18520 NW 67TH AVENUE  
SUITE 186  
MIAMI, FL 33015 US

**Name and Address of New 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.

SIGNATURE: CALVETTA PHAIR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRE  
Name: PHAIR, CALVETTA  
Address: 18520 NW 67TH AVENUE, SUITE 186  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CALVETTA PHAIR

PRE

11/10/2013

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date