

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H25844

**Entity Name:** ADP TOTALSOURCE FL XIV, INC.

**Current Principal Place of Business:**

10200 SUNSET DR  
MIAMI, FL 33173

**FILED**  
**Apr 28, 2020**  
**Secretary of State**  
**7058410960CC**

**Current Mailing Address:**

10200 SUNSET DR  
ATTN: LEGAL DEPT  
MIAMI, FL 33173

**FEI Number: 59-2452323**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
C/O CT 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MICHAUD , BRIAN  
Address        10200 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title            TREASURER  
Name            CHHABRA, PAWAN  
Address        5800 WINDWARD PKWY  
City-State-Zip: ALPHARETTA GA 30005

Title            DIRECTOR  
Name            EISLER, BARRY  
Address        10200 SUNSET DRIVE  
City-State-Zip: MIAMI FL 33173

Title            ASSISTANT SECRETARY  
Name            TINGLE, JENNIFER  
Address        10200 SUNSET DR  
City-State-Zip: MIAMI FL 33173

Title            VP  
Name            ORIHUELA, CRISTIAN  
Address        5800 WINDWARD PKWY  
City-State-Zip: ALPHARETTA GA 30005

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: BARRY EISLER**

**DIRECTOR**

**04/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date