

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000089294

**Entity Name:** APC WORKFORCE SOLUTIONS II, LLC

**Current Principal Place of Business:**

420 SOUTH ORANGE AVEUE  
SUITE 600  
ORLANDO, FL 32801

**Current Mailing Address:**

420 SOUTH ORANGE AVENUE  
SUITE 600  
ORLANDO, FL 32801

**FEI Number:** 20-1991280

**Certificate of Status Desired:** No

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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            PRESIDENT, CEO  
Name            BURKE, JAMES P  
Address        420 SOUTH ORANGE AVEUE  
                 SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title            COO, ASST. SECRETARY  
Name            BRADY, MARK D  
Address        420 SOUTH ORANGE AVEUE  
                 SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title            TREASURER  
Name            BROOKS, CHAD E  
Address        420 SOUTH ORANGE AVEUE  
                 SUITE 600  
City-State-Zip: ORLANDO FL 32801

Title            SECRETARY  
Name            PASSANISI, MICHAEL  
Address        420 SOUTH ORANGE AVEUE  
                 SUITE 600  
City-State-Zip: ORLANDO FL 32801

*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: MICHAEL PASSANISI**

**SECRETARY**

**01/11/2019**

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

\_\_\_\_\_  
Date