

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000058955

Entity Name: CLIENT REGIONAL SERVICES, LLC

Current Principal Place of Business:

7606 DRAGON FLY LOOP
GIBSONTON, FL 33534

Current Mailing Address:

PO BOX 634
GIBSONTON, FL 33534

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, MOISES
7606 DRAGON FLY LOOP
GIBSONTON, FL 33534 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 COHEN, MOISES
Address 7606 DRAGON FLY LOOP
City-State-Zip: GIBSONTON FL 33534

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: MOISES COHEN

MANAGER

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date