

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000127693

Entity Name: STAFF 360 ADMINISTRATORS, LLC

Current Principal Place of Business:

26 LAKE WIRE DRIVE
LAKELAND, FL 33815

Current Mailing Address:

P.O. BOX 508
LAKELAND, FL 33802 US

FEI Number: 47-4693659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARLOW, MAHLON H
401 EAST JACKSON STREET
SUITE 2225
TAMPA, FL 33602 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 CLEGHORN, BOB
Address 26 LAKE WIRE DRIVE, SUITE 1
City-State-Zip: LAKELAND FL 33815

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: BOB CLEGHORN

MGR

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date