

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000142047

**Entity Name:** DGS STAFF OF SOLUTIONS LLC

**Current Principal Place of Business:**

1100 SOUTH FEDERAL HWY  
SUITE 585  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

1100 SOUTH FEDERAL HWY  
SUITE 585  
DEERFIELD BEACH, FL 33441 US

**FEI Number:** 61-1850437

**Certificate of Status Desired:** No

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

TAX HOUSE CORPORATION  
1100 SOUTH FEDERAL HWY  
DEERFIELD BEACH, FL 33441 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 DA SILVA, DOUGLAS F  
Address 1100 SOUTH FEDERAL HWY, SUITE 585  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name ARAUJO, GUSTAVO V  
Address 1100 SOUTH FEDERAL HWY, SUITE 585  
City-State-Zip: DEERFIELD BEACH FL 33441

Title MGR  
Name DOS SANTOS GOMES, STENIO  
Address 1100 SOUTH FEDERAL HWY, SUITE 585  
City-State-Zip: DEERFIELD BEACH FL 33441

*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:** DOUGLAS FELICIO DA SILVA

05/01/2018

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

\_\_\_\_\_  
Date