4745 NOLINA	rincipal Place of Business: A LN BEACH, FL 33436			
Current M	ailing Address:			
4745 NOLI BOYNTON	INA LN NBEACH, FL 33436 US			
FEI Number: 83-1360584 Certificate of Status			Certificate of Status Des	ired: No
Name and	Address of Current Registered Agent:			
802 NE 20TH	G, CUMMINGS & EDWARDS, PLLC 1 AVE ERDALE, FL 33304 US			
802 NE 20TH FORT LAUDI	AVE	ts registered office or regis	tered agent, or both, in the State of Flo	orida.
802 NE 20TH FORT LAUDE The above nan	1 AVE ERDALE, FL 33304 US	ts registered office or regis	tered agent, or both, in the State of Flo	orida. 09/21/2021
802 NE 20TH FORT LAUDE The above nan	1 AVE ERDALE, FL 33304 US ned entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of Flo	
802 NE 20TH FORT LAUDE The above nan SIGNATUE	HAVE ERDALE, FL 33304 US med entity submits this statement for the purpose of changing i RE: MATTHEW WALTER	ts registered office or regis	tered agent, or both, in the State of Flo	09/21/2021
802 NE 20TH FORT LAUDE The above nan SIGNATUE	AVE ERDALE, FL 33304 US med entity submits this statement for the purpose of changing i RE: <u>MATTHEW WALTER</u> Electronic Signature of Registered Agent	ts registered office or regis	tered agent, or both, in the State of Flo	09/21/2021
802 NE 20TH FORT LAUDE The above nan SIGNATUE	HAVE ERDALE, FL 33304 US med entity submits this statement for the purpose of changing i RE: <u>MATTHEW WALTER</u> Electronic Signature of Registered Agent <b>d Person(s) Detail :</b>			09/21/2021
802 NE 20TH FORT LAUDE The above nan SIGNATUE Authorized Title	AVE ERDALE, FL 33304 US med entity submits this statement for the purpose of changing i RE: <u>MATTHEW WALTER</u> Electronic Signature of Registered Agent <b>d Person(s) Detail :</b> MGR	Title	DIRECTOR	09/21/2021

City-State-Zip: BOYNTON BEACH FL 33426

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: MATTHEW WALTER

CEO

Electronic Signature of Signing Authorized Person(s) Detail

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L18000183465

Entity Name: MSWSTAFFING LLC

## ..... 4 D. .

FILED Sep 21, 2021 Secretary of State 5369360828CC

Date