

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000358758

**Entity Name:** SUNY HEALTHCARE STAFFING LLC

**Current Principal Place of Business:**

100 ASHLEY DRIVE  
STE 600-1352  
TAMPA, FL 33602

**Current Mailing Address:**

100 ASHLEY DRIVE  
STE 600-1352  
TAMPA, FL 33602 US

**FEI Number:** 87-2724795

**Certificate of Status Desired:** No

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

HUFF, SHELICE  
3843 CRYSTAL DEW ST  
PLANT CITY, FL 33567 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 HUFF, SHELICE  
Address 3843 CRYSTAL DEW ST  
City-State-Zip: PLANT CITY FL 33567

*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:** HUFF, SHELICE

**MANAGER**

**05/01/2022**

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

\_\_\_\_\_  
Date