

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000534687

**Entity Name:** STAFFLINK OUTSOURCING, LLC

**Current Principal Place of Business:**

1371 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323

**Current Mailing Address:**

4301 ANCHOR PLAZA PRKWY, SUITE 125  
TAMPA, FL 33634 US

**FEI Number:** 65-0788936

**Certificate of Status Desired:** No

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

PBYA CORPORATE SERVICES, LLC  
1371 SAWGRASS CORPORATE PKWY  
SUNRISE, FL 33323 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            MBR  
Name            PRESTIGE PEO PARENT, LLC  
Address        538 BROADHOLLOW ROAD  
                  SUITE 311  
City-State-Zip: MELVILLE NY 11747

*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:** PAM EMERSON

**COMPLIANCE MANAGER    02/10/2023**

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

\_\_\_\_\_ Date