

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000316574

**Entity Name:** MOTLEY STAFFING LLC

**Current Principal Place of Business:**

2759 SEMINOLE DR.  
MARIANNA, FL 32446

**Current Mailing Address:**

2759 SEMINOLE DR.  
MARIANNA, FL 32446 US

**FEI Number:** 88-3313736

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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 AMBR  
Name MOTLEY, SARA MICHAEL  
Address 2759 SEMINOLE DR.  
City-State-Zip: MARIANNA FL 32446

Title AMBR  
Name MOTLEY, THOMAS ELIZABETH  
Address 2759 SEMINOLE DR.  
City-State-Zip: MARIANNA FL 32446

*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:** SARA MICHAEL MOTLEY

AMBR

02/05/2024

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

\_\_\_\_\_  
Date