## 2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002620

Entity Name: 360 HEALTHCARE STAFFING LLC

**Current Principal Place of Business:** 

333 1ST STREET N SUITE 200 JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:** 

333 1ST STREET N SUITE 200 JACKSONVILLE BEACH, FL 32250 US

FEI Number: 43-1974983 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

FILED Mar 06, 2018

**Secretary of State** 

CC0946548066

Authorized Person(s) Detail:

TitleMANAGERTitleMANAGERNameCOOPER, DWIGHTNameHELM, PAUL

Address 333 1ST STREET N SUITE 200 Address 333 1ST STREET N SUITE 200

City-State-Zip: JACKSONVILLE BEACH FL 32250 City-State-Zip: JACKSONVILLE BEACH FL 32250

Title AUTHORIZED MEMBER
Name CALDERON, MICHELSA

Address 333 1ST STREET N SUITE 200
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: MICHELSA CALDERON

**AUTHORIZED MEMBER** 

03/06/2018