

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001672

Entity Name: TRAVEL STAFF, LLC**Current Principal Place of Business:**6551 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487**Current Mailing Address:**5201 CONGRESS AVENUE
SUITE 100 B
BOCA RATON, FL 33487 US**FEI Number:** 65-0969472**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**Authorized Person(s) Detail :**

Title	MGRM	Title	PRESIDENT
Name	CROSS COUNTRY STAFFING, INC.	Name	WHITE, BUFFY
Address	6551 PARK OF COMMERCE BLVD.	Address	6551 PARK OF COMMERCE BLVD.
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	EXECUTIVE VICE PRESIDENT	Title	VP
Name	CLARK, KEVIN	Name	BURNS, WILLIAM J.
Address	5201 CONGRESS AVENUE SUITE 100 B	Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	SECRETARY	Title	ASSISTANT CONTROLLER
Name	BALL, SUSAN E.	Name	PIZZI, CHRISTOPHER
Address	5201 CONGRESS AVENUE SUITE 100 B	Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487
Title	EXECUTIVE VICE PRESIDENT	Title	ASSISTANT TREASURER
Name	DUSSEAU, WENDI	Name	POPKIN, GREGORY
Address	6551 PARK OF COMMERCE BLVD.	Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487	City-State-Zip:	BOCA RATON FL 33487

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: SUSAN E. BALL**SECRETARY****03/25/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date