

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000008126

**Entity Name:** PROLINK STAFFING SERVICES, LLC

**Current Principal Place of Business:**

4600 MONTGOMERY RD. SUITE 300  
CINCINNATI, OH 45212

**Current Mailing Address:**

4600 MONTGOMERY RD. SUITE 300  
CINCINNATI, OH 45212 US

**FEI Number:** 45-2262555

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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	CEO	Title	EVP
Name	MUNAFO, ANTHONY V	Name	MUNAFO, MICHAEL
Address	10700 MONTGOMERY ROAD SUITE 226	Address	10700 MONTGOMERY ROAD SUITE 226
City-State-Zip:	CINCINNATI OH 45242	City-State-Zip:	CINCINNATI OH 45242

*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:** MUNAFO , ANTHONY V

**CEO**

**07/15/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date