

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000010885

Entity Name: CROWLEY PERSONNEL, LLC

Current Principal Place of Business:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225

Current Mailing Address:

9487 REGENCY SQUARE BLVD.
JACKSONVILLE, FL 32225 US

FEI Number: 83-2651852

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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 CFO
Name WARNER, DANIEL L.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title VP, TREASURER
Name HIMES, NORMAN S. JR.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name OTERO , TONY R.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name SMITH, BRYAN C.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT TREASURER
Name LAMB, RICHARD D. JR.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title CORPORATE SECRETARY
Name ALFORD, REECE B.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title ASSISTANT CORPORATE SECRETARY
Name MEAD, ARTHUR F. III
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title MANAGER
Name CROWLEY, THOMAS B. JR.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

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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: REECE B. ALFORD

SECRETARY, BY JULIE PHILLIPS, ATTORNEY-IN-FACT 04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name PENNELLA , WILLIAM A.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title MANAGER
Name HARRISON , PARKER
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225

Title MANAGER
Name FITZGERALD , RAYMOND F.
Address 9487 REGENCY SQUARE BLVD.
City-State-Zip: JACKSONVILLE FL 32225