### 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: HASSAN ELOMARI

Electronic Signature of Signing Authorized Person(s) Detail

BENEFITS MANAGER

02/14/2023

Date

FILED

Feb 14, 2023

Secretary of State 1558275064CC

Certificate of Status Desired: No

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.

	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	BENEFITS MANAGER	
Name	XCLUSIVE STAFFING ACQUISITION	Name	ELOMARI, HASSAN	
Address	8774 YATES DRIVE, SUITE:210	Address	8774 YATES DR SUITE 210	
City-State-Zip:	WESTMINSTER CO 80031	City-State-Zip:	WESTMINSTER CO 80031-6906	

#### SIGNATURE:

# **Current Mailing Address:**

8774 YATES DR SUITE 210 WESTMINSTER, CO 80031-6906 US

## FEI Number: 27-0946767

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

## 2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M2000002354

Entity Name: XCLUSIVE STAFFING, LLC

#### **Current Principal Place of Business:**

8774 YATES DR SUITE 210 WESTMINSTER, CO 80031-6906