

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000002354

**Entity Name:** XCLUSIVE STAFFING, LLC

**Current Principal Place of Business:**

8774 YATES DR SUITE 210  
WESTMINSTER, CO 80031-6906

**Current Mailing Address:**

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

**FEI Number:** 27-0946767

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MGR  
Name XCLUSIVE STAFFING ACQUISITION  
Address 8774 YATES DRIVE, SUITE:210  
City-State-Zip: WESTMINSTER CO 80031

Title BENEFITS MANAGER  
Name ELOMARI, HASSAN  
Address 8774 YATES DR SUITE 210  
City-State-Zip: WESTMINSTER CO 80031-6906

*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

**BENEFITS MANAGER**

**02/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date