

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000005713

Entity Name: PEOPLESARE PROFESSIONAL, LLC

Current Principal Place of Business:

100 SPRINGHOUSE DR., STE. 200
COLLEGEVILLE, PA 19425

Current Mailing Address:

550 S. DIXIE HWY., STE. 300
CORAL GABLES, FL 33146 US

FEI Number: 38-3985076

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 MGR
Name DONALD, DAVID G
Address 100 SPRINGHOUSE DR., STE. 200
City-State-Zip: COLLEGEVILLE PA 19425

Title MGR
Name CLARK, RYAN
Address 100 SPRINGHOUSE DR., STE. 200
City-State-Zip: COLLEGEVILLE PA 19425

Title MGR
Name TEMPLETON, TROY D
Address 550 S. DIXIE HWY., #300
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name GERSHMAN, DAVID
Address 550 S. DIXIE HWY., #300
City-State-Zip: CORAL GABLES FL 33146

Title MGR
Name REYNOLDS, STEPHEN
Address 550 S. DIXIE HWY., #300
City-State-Zip: CORAL GABLES FL 33146

Title CFO
Name SOLVASON, BYRON
Address 2630 W BROWARD BLVD
SUITE 203-1280
City-State-Zip: FORT LAUDERDALE FL 33312

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: DAVID GERSHMAN

MANAGER

03/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date