

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000432

**Entity Name:** STAFF ONE, LLC

**Current Principal Place of Business:**

2054 VISTA PARKWAY  
SUITE 300  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2054 VISTA PKWY STE 300  
WEST PALM BCH, FL 33411 US

**FEI Number:** 73-1332142

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 AUTHORIZED MEMBER  
Name LLC, GORDIAN CAPITAL HOLDINGS  
Address 12750 MERIT DRIVE  
SUITE 190  
City-State-Zip: DALLAS TX 75251

Title DIRECTOR  
Name SUKALSKI , TERENCE  
Address 12750 MERIT DRIVE 75251  
SUITE 190  
City-State-Zip: DALLAS TX 75251

Title TREASURER  
Name SCHRADER, , ROBERT L.  
Address 12750 MERIT DRIVE  
SUITE 190  
City-State-Zip: DALLAS, TX 75251

*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:** SCHRADER, ROBERT L.

TREASURER

02/27/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date