

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000824

**Entity Name:** OPTIMUM STAFFING SERVICES, LLC

**Current Principal Place of Business:**

500 VONDERBURG DR  
SUITE 205  
BRANDON, FL 33511

**Current Mailing Address:**

500 VONDERBURG DR.  
SUITE 205  
BRANDON, FL 33511 US

**FEI Number:** 86-1323527

**Certificate of Status Desired:** No

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

KANODEREKA, GLADYS  
12804 AVELAR CREEK DR  
RIVERVIEW, FL 33578 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                    | Title           | MGR                    |
| Name            | KANODEREKA, GLADYS     | Name            | MPONDO, SAMUEL         |
| Address         | 12804 AVELAR CREEK DR. | Address         | 12804 AVELAR CREEK DR. |
| City-State-Zip: | RIVERVIEW FL 33578     | City-State-Zip: | RIVERVIEW FL 33578     |

*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:** SAMUEL MPONDO

**MEMBER**

**04/04/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date