

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000008260

**Entity Name:** SUNBURST WORKFORCE ADVISORS, LLC

**Current Principal Place of Business:**

7227 LEE DEFOREST DRIVE  
COLUMBIA, MD 21046

**Current Mailing Address:**

7227 LEE DEFOREST DRIVE  
COLUMBIA, MD 21046 US

**FEI Number:** 87-4799881

**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            MBR  
Name            MAXIM HEALTHCARE STAFFING  
                  SERVICES, INC.  
Address        7227 LEE DEFOREST DRIVE  
City-State-Zip: COLUMBIA MD 21046

*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:** SCOTT CARTER

CFO

04/28/2023

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

\_\_\_\_\_ Date