

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000011245

**Entity Name:** JUSTWORKS UNEMPLOYMENT SERVICES LLC**Current Principal Place of Business:**55 WATER STREET, 29TH FL  
NEW YORK, NY 10041**Current Mailing Address:**P.O. BOX 7119, CHURCH STREET STATION  
NEW YORK, NY 100087119 US**FEI Number:** 93-2917736**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name SECKLER, MICHAEL  
Address 55 WATER STREET, 29TH FL  
City-State-Zip: NEW YORK NY 10041

Title CFO  
Name MIRIAN, JOHNATHAN  
Address 55 WATER STREET, 29TH FL  
City-State-Zip: NEW YORK NY 10041

Title SECRETARY  
Name SPRINGER, MARIO  
Address 55 WATER STREET, 29TH FL  
City-State-Zip: NEW YORK NY 10041

Title VP, RISK PROGRAMS  
Name DUNN, GENESIS  
Address 55 WATER STREET, 29TH FL  
City-State-Zip: NEW YORK NY 10041

Title MANAGER  
Name SECKLER, MICHAEL  
Address 55 WATER STREET, 29TH FL  
City-State-Zip: NEW YORK NY 10041

*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:** MICHAEL SECKLERMANAGER, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date