

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000099450

Entity Name: PROVISIONAL STAFFING SOLUTIONS, LLC

Current Principal Place of Business:

15200 CEDARWOOD LANE
UNIT #B106
NAPLES, FL 34110

Current Mailing Address:

535 ATWOOD AVE
SUITE #2
CRANSTON, RI 02920 US

FEI Number: 45-3121215

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARIANO, ANTONIO V
1059 5TH AVENUE NORTH
NAPLES, FL 34102 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 ANTONIO, MARIANO
Address 71 BALDWIN ORCHARD DRIVE
City-State-Zip: CRANSTON RI 02920

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: ANTONIO MARIANO

PRESIDENT

02/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date