

**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

**FILED**  
**Feb 19, 2015**  
**Secretary of State**  
**CC7927323445**

**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