

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000155467

Entity Name: NEXGEN STAFFING LLC

Current Principal Place of Business:

519 A1A N
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

P O BOX 3635
PONTE VEDRA BEACH, FL 32004

FEI Number: 46-1650977

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUBRAMANIAN, ARUNA
519 A1A N
PONTE VEDRA BEACH, FL 32082 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 SUBRAMANIAN, ARUNA
Address P O BOX 3635
City-State-Zip: PONTE VEDRA BEACH FL 32004

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: ARUNA SUBRAMANIAN

MANAGER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date