

**2015 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**

**04/26/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date