

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000194919

**Entity Name:** MAXIMUS NCLEX AND NURSING CONSULTING SERVICES LLC

**Current Principal Place of Business:**

7471 NW 23 ST  
SUNRISE, FL 33313

**Current Mailing Address:**

7471 NW 23 ST  
SUNRISE, FL 33313

**FEI Number:** 47-2641215

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DENIS LAROCHE, IZNALDY R  
7471 NW 23 ST  
SUNRISE, FL 33313 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            CEO  
Name            DENIS LAROCHE, IZNALDY R  
Address        7471 NW 23 ST  
City-State-Zip: SUNRISE FL 33313

*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:** IZNALDY DENIS LAROCHE

**OWNER**

**04/28/2016**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date