

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000013679

**Entity Name:** PREVENTATIVE MAINTENANCE SERVICES OF JAX, LLC

**Current Principal Place of Business:**

6212 ALEXON DR  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

6212 ALEXON DR  
JACKSONVILLE, FL 32210

**FEI Number: 27-1193701**

**Certificate of Status Desired: No**

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

FOSTER, HOLLYN J  
SLOTT, BARKER & NUSSBAUM  
334 E DUVAL ST  
JACKSONVILLE, FL 32202 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	MGRM	Title	MGRM
Name	OLSEN, LEIF M	Name	OLSEN, EVAMARIE J
Address	6212 ALEXON DR	Address	6212 ALEXON DR
City-State-Zip:	JACKSONVILLE FL 32210	City-State-Zip:	JACKSONVILLE FL 32210

*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: LEIF OLSEN**

**MGRM**

**03/17/2017**

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

\_\_\_\_\_  
Date