

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000044447

Entity Name: PROVIDERS UNLIMITED , LLC.

Current Principal Place of Business:

8215 SW 140 AVE.
MIAMI , FL 33183

Current Mailing Address:

8215 SW 140 AVE.
MIAMI , FL 33183 US

FEI Number: 27-2435506

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GOMEZ, MANUEL
8215 SW 140 AVE.
MIAMI , FL 33183 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: MANUEL GOMEZ

01/08/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name GOMEZ, MANUEL
Address 8215 SW 140 AVE.
City-State-Zip: MIAMI FL 33183

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: MANUEL GOMEZ

CEO

01/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date