

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000062706

**Entity Name:** AGENCY PROVIDER SERVICES FOR INDEPENDENCE, "LLC"

**Current Principal Place of Business:**

1418 NORMAN STREET NE  
UNIT#1  
PALM BAY, FL 32907

**Current Mailing Address:**

P O BOX 101369  
PALM BAY, FL 32910-1369 US

**FEI Number:** 45-3184298

**Certificate of Status Desired:** Yes

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

CENKNER, DEANNALYNN  
1438 GOYER ROAD SE  
PALM BAY, FL 32909 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 CENKNER, DEANNALYNN  
Address 1438 GOYER ROAD SE  
City-State-Zip: PALM BAY FL 32909

*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:** DEANNALYNN CENKNER

**MANAGER**

**01/09/2015**

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

\_\_\_\_\_  
Date