

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000044427

**Entity Name:** PROVIDERS SUPPLIES AW LLC

**Current Principal Place of Business:**

8347 NW 64 ST.  
UNIT 7  
MIAMI, FL 33166

**Current Mailing Address:**

8260 W FLAGLER ST.  
SUITE 2-C  
MIAMI, FL 33144 US

**FEI Number:** 46-3408392

**Certificate of Status Desired:** No

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

CASTILLO DE PEREZ, WILMA C  
3116 W 81 ST STREET  
HIALEAH, FL 33018 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                 | Title           | MGRM                 |
| Name            | PEREZ, ANAMAR       | Name            | BETHENCOURT, WILLIAM |
| Address         | 3116 W 81 ST STREET | Address         | 3116 W 81 ST STREET  |
| City-State-Zip: | HIALEAH FL 33018    | City-State-Zip: | HIALEAH FL 33018     |

*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:** BETHENCOURT WILLIAM

**MGR**

**04/21/2022**

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

\_\_\_\_\_  
Date