

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000014492

**Entity Name:** PROFESSIONAL COMPUTER APPLICATIONS AND SERVICES, LLC

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**8422958089CC**

**Current Principal Place of Business:**

6358 GREEN MYRTLE DRIVE  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

6358 GREEN MYRTLE DRIVE  
JACKSONVILLE, FL 32258 US

**FEI Number: 47-2945073**

**Certificate of Status Desired: Yes**

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

CHIN, DENZIL  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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: DENZIL CHIN**

**05/01/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CHIN, DENZIL  
Address 6358 GREEN MYRTLE DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

Title AMBR  
Name WHEELER, EDMOND  
Address 6358 GREEN MYRTLE DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

Title AMBR  
Name OSBOURNE, WAYNE  
Address 6358 GREEN MYRTLE DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

Title AMBR  
Name COOKE, CAROLYN  
Address 6358 GREEN MYRTLE DRIVE  
City-State-Zip: JACKSONVILLE FL 32258

*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: DENZIL CHIN**

**AMBR**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date