

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000135070

**Entity Name:** PV INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

814 A1A NORTH  
SUITE 208  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

814 A1A NORTH  
SUITE 208  
PONTE VEDRA BEACH, FL 32082 US

**FEI Number:** 47-4815863

**Certificate of Status Desired:** No

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

MCKINLEY, GARY L  
814 A1A NORTH  
SUITE 208  
PONTE VEDRA BEACH, FL 32082 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:** GARY L. MCKINLEY

04/22/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           MCKINLEY, GARY L  
Address       814 A1A NORTH  
                  SUITE 208  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           AUTHORIZED REPRESENTATIVE  
Name           SOUTHWORTH , DANIEL  
Address       814 A1A NORTH  
                  SUITE 208  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           AUTHORIZED REPRESENTATIVE  
Name           MCKINLEY, JOSEPH  
Address       814 A1A NORTH  
                  SUITE 208  
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title           AUTHORIZED MEMBER  
Name           MCKINLEY, TRACY  
Address       814 A1A NORTH  
                  SUITE 208  
City-State-Zip: PONTE VEDRA BEACH FL 32082

*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:** GARY MCKINLEY

MANAGER

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date