

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000135070

**Entity Name:** PV INSURANCE SERVICES, LLC**Current Principal Place of Business:**822 A1A N., SUITE 301  
PONTE VEDRA, FL 32082**Current Mailing Address:**822 A1A N., SUITE 301  
PONTE VEDRA, FL 32082**FEI Number:** 47-4815863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKINLEY, TRACY  
822 A1A N., SUITE 301  
PONTE VEDRA, 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**

Title	OWNER
Name	MCKINLEY, TRACY
Address	822 A1A N., SUITE 301
City-State-Zip:	PONTE VEDRA FL 32082

Title	PRODUCER
Name	SOUTHWORTH, DANIEL
Address	822 A1A N., SUITE 301
City-State-Zip:	PONTE VEDRA FL 32082

Title	MANAGER
Name	GARY MCKINLEY
Address	822 A1A N., SUITE 301
City-State-Zip:	PONTE VEDRA FL 32082

Title	AUTHORIZED MEMBER
Name	JOE MCKINLEY
Address	822 A1A N., SUITE 301
City-State-Zip:	PONTE VEDRA 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:** TRACY MCKINLEY

OWNER

03/20/2020

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