

2016 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 MANAGER
Name MCKINLEY, TRACY
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

MANAGER

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date