

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000209473

Entity Name: MY VILLAGES PROFESSIONAL SERVICES, PLLC

Current Principal Place of Business:

3441 CR 470
#534
OKAHUMPKA, FL 34762

Current Mailing Address:

3441 CR 470
#534
OKAHUMPKA, FL 34762 US

FEI Number: 87-3719737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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
Name TROWBRIDGE, JOEY L
Address 3441 CR 470
#534
City-State-Zip: OKAHUMPKA FL 34762

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: JOEY TROWBRIDGE

MANAGER

04/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date