

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000030145

Entity Name: PROVIDER SUPPORT GROUP LLC

Current Principal Place of Business:

10240 SW 56 ST
SUITE 110
MIAMI, FL 33165

Current Mailing Address:

10240 SW 56 ST
SUITE 110
MIAMI, FL 33165

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROCHE, AVEYLIM
10240 SW 56 ST
SUITE 110
MIAMI, FL 33165 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 P
Name ROCHE, AVEYLIM
Address 10240 SW 56 ST SUITE 110
City-State-Zip: MIAMI FL 33165

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: AVEYLIM ROCHE

PRESIDENT

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date