

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000290927

Entity Name: PROVIDER ASSOCIATES, LLC

Current Principal Place of Business:

7305 WEST COLONIAL DR
ORLANDO, FL 32818

Current Mailing Address:

7305 WEST COLONIAL DR
ORLANDO, FL 32818 US

FEI Number: 84-3782334

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRUE PROFIT INC
7305 WEST COLONIAL DR
ORLANDO, FL 32818 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 SALOMON, SABRINA
Address 7305 WEST COLONIAL DR
City-State-Zip: ORLANDO FL 32818

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: SABRINA SALOMON

MGR

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date