

**2021 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**

**MANAGER**

**04/30/2021**

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

\_\_\_\_\_ Date