

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000002199

**Entity Name:** PROFESSIONAL SERVICE AND TAX SOLUTIONS LLC

**FILED**  
**Jan 10, 2021**  
**Secretary of State**  
**7284031698CC**

**Current Principal Place of Business:**

300 S SPRING GARDEN AVE  
SUITE 100  
DELAND, FL 32720

**Current Mailing Address:**

300 S SPRING GARDEN AVE  
SUITE 100  
DELAND, FL 32720

**FEI Number: 84-4244009**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VELEZ DAY, ANAROSA  
300 S SPRING GARDEN AVE  
SUITE 101  
DELAND, FL 32720 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 VELEZ DAY, ANAROSA  
Address 300 S SPRING GARDEN AVE, 101  
City-State-Zip: DELAND FL 32720

Title OFCR  
Name DAVILA, JONATHAN  
Address 300 S SPRING GARDEN AVE, 103  
City-State-Zip: DELAND FL 32720

Title OFCR  
Name DAVILA, THAMAR  
Address 8049 MONACO STREET  
City-State-Zip: STANTON CA 90680

*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: ANAROSA VELEZ DAY**

**PRESIDENT**

**01/10/2021**

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

\_\_\_\_\_  
Date