

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000086370

Entity Name: A PROVIDER'S HELPING HAND LLC

Current Principal Place of Business:

2620 NORTH AUSTRALIAN AVENUE
SUITE 109
WEST PALM BEACH, FL 33407

Current Mailing Address:

2620 NORTH AUSTRALIAN AVENUE
SUITE 109
WEST PALM BEACH, FL 33407 US

FEI Number: 86-3407106

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STACEY, NICOLE
2620 NORTH AUSTRALIAN AVENUE
SUITE 109
WEST PALM BEACH, FL 33407 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 AMBR
Name STACEY, NICOLE
Address 2620 NORTH AUSTRALIAN AVENUE
STE 100S
City-State-Zip: WEST PALM BEACH FL 33407

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: NICOLE STACEY

AMBR

04/24/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date