

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000098420

**Entity Name:** PROVISION TECHNOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

274 WILSHIRE BLVD  
SUITE 245  
CASSELBERRY, FL 32707

**FILED**  
**Sep 15, 2022**  
**Secretary of State**  
**719461114CC**

**Current Mailing Address:**

478 E ALTAMONTE DRIVE, SUITE 108-570  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 20-3578377

**Certificate of Status Desired:** No

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

PHILLIPS, JOSEPH  
478 E ALTAMONTE DRIVE, SUITE 108-570  
ALTAMONTE SPRINGS, FL 32701 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:** JOSEPH PHILLIPS

09/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PHILLIPS, BENNY  
Address 912 ANTELOPE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title MGRM  
Name PHILLIPS, SHEREE  
Address 912 ANTELOPE TRAIL  
City-State-Zip: WINTER SPRINGS FL 32708

Title MANAGING MEMBER  
Name PHILLIPS, JOSEPH  
Address 478 E ALTAMONTE DRIVE, SUITE 108-570  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** JOSEPH PHILLIPS

MANAGING MEMBER

09/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date