## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098420

Entity Name: PROVISION TECHNOLOGY SOLUTIONS, LLC

Current Principal Place of Business:

291 DROSDICK DRIVE CASSELBERRY, FL 32707

## **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 07/01/2020

Electronic Signature of Registered Agent

Date

FILED Jul 01, 2020

**Secretary of State** 

9289368588CC

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameFITZGERALD, III, CHARLES ENamePHILLIPS, BENNYAddress8348 AMBER OAK DRIVEAddress912 ANTELOPE TRAIL

City-State-Zip: ORLANDO FL 32817 City-State-Zip: WINTER SPRINGS FL 32708

TitleMGRMTitleMANAGING MEMBERNamePHILLIPS, SHEREENamePHILLIPS, JOSEPH

Address 912 ANTELOPE TRAIL Address 478 E ALTAMONTE DRIVE, SUITE 108-

570

City-State-Zip: WINTER SPRINGS FL 32708 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 PR

Electronic Signature of Signing Authorized Person(s) Detail

PRINCIPAL

07/01/2020 Date