

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000044447

**Entity Name:** PROVIDERS UNLIMITED , LLC.

**Current Principal Place of Business:**

6061 COLLINS AVENUE  
APT # 9D  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

6061 COLLINS AVENUE  
APT # 9D  
MIAMI BEACH, FL 33140 US

**FEI Number:** 27-2435506

**Certificate of Status Desired:** Yes

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

COFINO, PATRICIA  
6061 COLLINS AVENUE  
APT # 9D  
MIAMI BEACH, FL 33140 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 MGRM  
Name COFINO, PATRICIA  
Address 6061 COLLINS AVENUE  
APT # 9D  
City-State-Zip: MIAMI BEACH FL 33140

*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:** PATRICIA COFINO

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date