

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 20, 2017
Secretary of State
CC8992309529

Entity Name: PROVIDERS UNLIMITED , LLC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 27-2435506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COFINO, PATRICIA
6061 COLLINS AVENUE, #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

Title AMBR
Name ADELONALLE, ADELA V
Address 2496 SW 17 AVE APT 5211
City-State-Zip: MIAMI FL 33145

Title CORPORATE OFFICER
Name CORZO, MELINA
Address 380 SW 79 AVE
City-State-Zip: MIAMI FL 33144

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

01/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date