

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000019634

**Entity Name:** PREVENTIVE HEALTHCARE SERVICES LLC

**Current Principal Place of Business:**

50 LEANNI WAY  
UNIT A5  
PALM COAST, FL 32137

**Current Mailing Address:**

PO BOX 354733  
PALM COAST, FL 32135

**FEI Number:** 46-4719707

**Certificate of Status Desired:** Yes

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

JONES, BILLIE D  
50 LEANNI WAY  
UNIT A5  
PALM COAST, FL 32137 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:** BILLIE JONES

02/17/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name JONES, BILLIE D  
Address 50 LEANNI WAY  
UNIT A5  
City-State-Zip: PALM COAST FL 32137

*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:** BILLIE JONES

CEO

02/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date