

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000002927

**Entity Name:** PROFESSIONAL ACCURATE DEPENDABLE SERVICES, LLC

**Current Principal Place of Business:**

1780 16TH AVE N  
LAKE WORTH, FL 33460

**Current Mailing Address:**

1780 16TH AVE N  
LAKE WORTH, FL 33460 US

**FEI Number:** 47-1788337

**Certificate of Status Desired:** No

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

CIUS, PIERRE R  
1780 16TH AVE N  
LAKE WORTH, FL 33460 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 MGR  
Name CIUS, PIERRE R  
Address 1780 16TH AVE N  
City-State-Zip: LAKE WORTH FL 33460

Title MANAGER  
Name FLOREXIL, SYLIANA  
Address 1780 16TH AVE N  
City-State-Zip: LAKE WORTH FL 33460

Title MANAGER  
Name CIUS, DEONDRA ALYSSA  
Address 1780 16TH AVE N  
City-State-Zip: LAKE WORTH FL 33460

Title MANAGER  
Name CIUS, DONNELL PARRISH  
Address 1780 16TH AVE N  
City-State-Zip: LAKE WORTH FL 33460

*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:** CIUS PIERRE R

MR

04/21/2021

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

\_\_\_\_\_ Date