

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000360650

**Entity Name:** PROVINE HEALTH ADVISING, LLC

**Current Principal Place of Business:**

11541 TRINITY BLVD  
201  
TAMPA, FL 34655

**Current Mailing Address:**

11541 TRINITY BLVD  
201  
TAMPA, FL 34655 US

**FEI Number:** 88-3812206

**Certificate of Status Desired:** No

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

WROBEL, KEVIN D  
900 LITHIA PINECREST ROAD  
BRANDON, FL 33511 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 PROVINE, KAORI M  
Address 20124 OAKFLOWER AVENUE  
City-State-Zip: TAMPA FL 33647

*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:** KAORI PROVINE

**MANAGER**

**01/03/2024**

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

\_\_\_\_\_  
Date