

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000279354

Entity Name: PROVISION PLUS LLC

Current Principal Place of Business:

10191 SHEPHERD ST.
APT. 9204
FORT MYERS, FL 33967

Current Mailing Address:

5069 GAMBERO WAY
AVE MARIA, FL 34142 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOBADILLA, LINDA
5069 GAMBERO WAY
AVE MARIA, FL 34142 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 AMBR
Name BRESKO, MARION
Address 10191 SHEPHERD ST. APT 9204
City-State-Zip: FORT MYERS FL 33967

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: MARION BRESKO

MEMBER

01/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date