**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 24, 2015**
**Secretary of State**
**CC2791164839**

DOCUMENT# L11000086727

**Entity Name:** PROTECTED TRUST ENVOY, LLC

**Current Principal Place of Business:**

199 AVE B NW
SUITE 240
WINTER HAVEN, FL 33881

**Current Mailing Address:**

PO BOX 111
WINTER HAVEN, FL 33883-7378 US

**FEI Number: 45-2681923**

**Certificate of Status Desired:** Yes

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

LEEDY, INGRAM
199 AVE B NW
SUITE 240
WINTER HAVEN, FL 33881 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 | PROTECTED TRUST, LLC |
| Address | 199 AVE B NW<br>SUITE 240 |
| City-State-Zip: | WINTER HAVEN FL 33881 |

*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: LORI CHALKER ACCOUNTING MANAGER 02/24/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date