

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 17, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000003180**1. Entity Name
PROVENTIS FINANCIAL, LLC

Principal Place of Business 4604 AYRON TERRACE PALM HARBOR FL 34685	Mailing Address 4604 AYRON TERRACE PALM HARBOR FL 34685
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2. Principal Place of Business 37542 US HWY 19N Suite, Apt. #, etc.	3. Mailing Address 1513 WHARFSIDE DR Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PALM HARBOR FL	City & State TARPON SPRINGS FL	4. FEI Number 59-3625305	Applied For <input type="checkbox"/> Not Applicable
Zip 34684	Country	Zip 34689	Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent NICOLA JUDITH 7212 HIGHWAY TRAIL NEW PORT RICHEY FL 34655 US		7. Name and Address of New Registered Agent Name MAYEUX ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 2257 GRANGER DR City CLEARWATER FL Zip Code 33765	
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8. 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 **ELIZABETH MAYEUX** 08/17/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODONNELL WILLIAM 1092 RIVERSIDE RIDGE RD TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODONNELL WILLIAM 37542 US HWY 19N PALM HARBOR FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYLVESTRE CRAIG 4604 AYRON TERRACE PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYLVESTRE CRAIG 1513 WHARFSIDE DR TARPON FL 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: **CRAIG SYLVESTRE** MGRM 08/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)