

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030728

FILED
Jun 22, 2009
Secretary of State

Entity Name: PROVIS INVESTMENTS LLC

Current Principal Place of Business:

15900 95TH AVENUE NORTH
JUPITER, FL 33478

New Principal Place of Business:

Current Mailing Address:

15900 95TH AVENUE NORTH
JUPITER, FL 33478

New Mailing Address:

FEI Number: 51-0435689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZIELINSKI, JACEK
15900 95TH AVENUE NORTH
JUPITER, FL 33478 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KASPAREK, ALES
Address: 1232 SE COLONY WAY
City-St-Zip: JUPITER, FL 33478

Title: MGRM () Delete
Name: GADOMSKI, TOMASZ
Address: 18877 SE LOXAHATCHEE RIVER RD
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: ZIELINSKI, JACEK
Address: 15900 95TH AVE N
City-St-Zip: JUPITER, FL 33478

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JACEK ZIELINSKI

MGRM

06/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date