2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000033502

1. Entity Name

PROVEN MARKETING WORKS, LLC



FILED Mar 26, 2008 08:00 AM Secretary of State

Principal Place of Business

16132 ARMISTEAD LANE ODESSA, FL 33556 Mailing Address

16132 ARMISTEAD LANE ODESSA, FL 33556



03172008 No Chg-LLC

CR2E083 (12/07)

.,			
	4. FEI Number		Applied For
1	54-2126264		Not Applicable
1	5. Certificate of Status Desired	☐ \$5.00 Additional	

Name and Address of Current Registered Agent

RILEY, STEVEN P 4805 WEST LAUREL STREET STE. 230 TAMPA, FL 33607

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 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. I the obligations of registered agent. 	am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DA	ATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000869939 .04709708-80070-008 138 79

After may 1, 2008 Fee will be \$538.75	04/03/03-80070-003 138.75			
9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME ROWLAND, CLARENCE ELTON STREET ADDRESS 16132 ARMISTEAD LANE CITY-ST-ZIP ODESSA, FL 33556				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
IIILE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #