

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040604

FILED
Apr 18, 2007
Secretary of State

Entity Name: PROVIDER RESOURCES LLC

Current Principal Place of Business:

3695 LAURENS AVE.
VALKARIA, FL 32950

New Principal Place of Business:

3695 LAURENS AVE.
VALKARIA, FL 329504132

Current Mailing Address:

PO BOX 501170
MALABAR, FL 329501170

New Mailing Address:

FEI Number: 14-1909961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENNETT, SANDRA D
3695 LAURENS AVE.
VALKARIA, FL 32950 US

Name and Address of New Registered Agent:

BENNETT, SANDRA D
3695 LAURENS AVE.
VALKARIA, FL 329504132 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: SANDRA D. BENNETT

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BENNETT, JERRY L
Address: PO BOX 501170
City-St-Zip: MALABAR, FL 329501170

Title: MGRM () Delete
Name: BENNETT, SANDRA D
Address: PO BOX 501170
City-St-Zip: MALABAR, FL 329501170

ADDITIONS/CHANGES:

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 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: SANDRA D. BENNETT

MGRM

04/18/2007

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