2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90029 008 ***138.75

DOCUMENT # L04000049267

1. Entity Name
PROVIDENT INVESTMENTS, LLC

Principal Place of Business	Mailing Address
1101 BELCHER ROAD SOUTH SUITE B LARGO, FL 33771	P.O. BOX 8242 MADEIRA BEACH, FL 33738

05012008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 61-1472741 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PERLMAN, JOSEPH N ESQ.~~ ~~1101 BELCHER ROAD SOUTH~~ ~~SUITE B~~ ~~LARGO, FL 33771~~	Name: Scott Weber Street Address (P.O. Box Number is Not Acceptable): 15019 Madeira Way #8242 City: Madeira Beach FL Zip Code: 33708

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4-30-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, JOSEPH P 1101 BELCHER ROAD SOUTH, STE B CLEARWATER, FL 33771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, IDAMAE 1101 BELCHER ROAD SOUTH, STE B CLEARWATER, FL 33771 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4-30-08 727-355-8757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #