2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038577

Title:

Name:

Address:

City-St-Zip:

MGRM

LAVELLE, BRIAN

4 CHANNING STREET

CAMBRIDGE, MA 02138

() Delete

Entity Name: PROSPEROUS VENTURES, LLC

FILED May 07, 2008 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:		
16118 N F LUTZ, FL	LORIDA AVE 33549	19045 DALE MABRY HWY N LUTZ, FL 33548		
Current N	lailing Address:	New Mailing Address:		
16118 N F LUTZ, FL	LORIDA AVE 33549	19045 DALE MABRY HWY N LUTZ, FL 33548		
	: 20-2709634 FEI Number Applied For ace with s. 607.193(2)(b), F.S., the limited lial	() FEI Number Not Applicable () Certificate of Status Desired (ility company did not receive the prior notice.)	
Name and	l Address of Current Registered Ag	ent: Name and Address of New Registered Agent:		
FLORES, LILY 16118 N FLORIDA AVE LUTZ, FL 33549 US		FLORES, LILY 19045 DALE MABRY HWY N LUTZ, FL 33548 US	19045 DALE MABRY HWY N	
	e named entity submits this statement f e of Florida.	or the purpose of changing its registered office or registered agent, or b	ooth,	
SIGNATURE:		05/07/2008		
	Electronic Signature of Registe	red Agent Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete FLORES, JOSE R 16118 N FLORIDA AVE LUTZ, FL 33549	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	MGRM () Delete TAM, BENJAMIN 16118 N FLORIDA AVE LUTZ, FL LUTZ FL	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.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JOSE FLORES MGRM 05/07/2008