

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001789

FILED
Apr 22, 2007
Secretary of State

Entity Name: PROVIDENCE INVESTMENT CONCEPTS, LLC

Current Principal Place of Business:

800 SW 191 TERRACE
PEMBROKE PINES, FL 33029

New Principal Place of Business:

7763 JOHNSON STREET
PEMBROKE PINES, FL 33024

Current Mailing Address:

800 SW 191 TERRACE
PEMBROKE PINES, FL 33029

New Mailing Address:

7763 JOHNSON STREET
PEMBROKE PINES, FL 33024

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTABILLO, RUBEN
3253 NW 104TH AVENUE
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

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: REYES, JOSE NELSON
Address: 800 SW 191 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR () Delete
Name: SIAO, GLORIA
Address: 5271 SW 141 TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: MGR () Delete
Name: CARRASCO, GLORIA
Address: 220 NW 151 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: LANORIAS, GRACE
Address: 8252 NW 44TH ST.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR () Delete
Name: JARAMILLO, AMELIA
Address: 3253 NW 104TH AVENUE
City-St-Zip: SUNRISE, FL 33351

Title: MGR () Delete
Name: ESTABILLO, RUBEN
Address: 3253 NW 104TH AVENUE
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: CARRASCO, GRACE
Address: 220 NW 151 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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 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: LANORIAS, GRACE

MGRM

04/22/2007

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