

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001789

FILED  
Mar 16, 2009  
Secretary of State

Entity Name: PROVIDENCE INVESTMENT CONCEPTS, LLC

**Current Principal Place of Business:**

7763 JOHNSON STREET  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

7763 JOHNSON STREET  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 20-4248864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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, GRACE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: RUBEN ESTABILLO

MGR

03/16/2009

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