

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078885

Entity Name: PROVICORP GROUP LLC

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

689 NW 42ND AVE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

689 NW 42ND AVE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-5272967 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OTINWA, BABATUNDE
689 NW 42ND AVE
PLANTATION, FL 33317 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OTINWA, BABATUNDE
Address: 689 NW 42ND AVE
City-St-Zip: PLANTATION, FL 33317

Title: MGR () Delete
Name: OTINWA, CHINWENWA
Address: 689 NW 42ND AVE
City-St-Zip: PLANTATION, FL 33317

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 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: BABATUNDE OTINWA

MGR

09/05/2007

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