2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
08 JUL 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000094674

1. Entity Name
PROSPERITAS OF FLORIDA, LLC

04032008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
~~C/O ROBERT L. WHITE, III~~ DELETE 3033 RIVIERA DRIVE, SUITE 107 NAPLES, FL 34103	~~C/O ROBERT L. WHITE, III~~ DELETE 3033 RIVIERA DRIVE, SUITE 107 NAPLES, FL 34103

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3033 Riviera Drive		3033 Riviera Drive	
Suite, Apt. #, etc.: Suite 107		Suite, Apt. #, etc.: Suite 107	
City & State: Naples, Florida		City & State: Naples, Florida	
Zip: 34103	Country: USA	Zip: 34103	Country: USA

4. FEI Number: 20-5679050 — 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
VOLPE, MICHAEL J C/O ROBINS, KAPLAN, MILLER & CIRESI LLP 711 FIFTH AVENUE SOUTH, SUITE 201 NAPLES, FL 34102	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGD WHITE, ROBERT L MR 3033 RIVIERA DR., SUITE 107 NAPLES, FL 34103 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Harry Cendrowski 3033 Riviera Drive, Suite 107 ~~Naples, Florida 34103~~ ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800133143338 07/18/08--01044--013 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 7.3.08 (877) 540-5777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #