

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084112

Entity Name: SOUL PROVIDER, II, LLC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

6676 THOMASVILLE ROAD, UNIT 1  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

6676 THOMASVILLE ROAD, UNIT 1  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 26-0787221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUINN, LARRY  
6676 THOMASVILLE ROAD, UNIT 1  
TALLAHASSEE, FL 32312 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  
Name: QUINN, LARRY  
Address: 6676 THOMASVILLE ROAD, UNIT 1  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: GARRISON, JASON  
Address: 6676 THOMASVILLE ROAD, UNIT 1  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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: C. LARRY QUINN

MGRM

03/21/2012

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