

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004800

FILED
Mar 12, 2009
Secretary of State

Entity Name: THE PREVIVORS LLC

Current Principal Place of Business:

3119 SAINT ANNES DRIVE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

3119 SAINT ANNES DRIVE
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 74-3247586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTON, LISA B
3119 SAINT ANNES DRIVE
BOCA RATON, FL 33496 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: MARTON, LISA B
Address: 3119 SAINT ANNES DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM () Delete
Name: ROSENTHAL, AMY
Address: 21256 ROCK RIDGE DRIVE
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGRM () Delete
Name: WEINER, MAYDE
Address: 4409 INTRACOASTAL DRIVE
City-St-Zip: HIGHLAND BEACH, FL 33487 US

Title: MGRM () Delete
Name: CITERE, SUZANNE
Address: 2010 NE 30 COURT
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGRM () Delete
Name: CLARK, RORI
Address: 9690 NW 59 COURT
City-St-Zip: PARKLAND, FL 33076

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:

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: LISA MARTON

MGRM

03/12/2009

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