

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000010779

Entity Name: PRUDENT LLC

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

305 N. FT. HARRISON AVE
CLEARWATER, FL 33755

New Principal Place of Business:

1862 MCCAULEY ROAD
CLEARWATER, FL 33765

Current Mailing Address:

305 N. FT. HARRISON AVE
CLEARWATER, FL 33755

New Mailing Address:

1862 MCCAULEY ROAD
CLEARWATER, FL 33765

FEI Number: 61-1552681 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:

JEPSEN, PHILIP M
305 N. FT. HARRISON AVE
CLEARWATER, FL 33755 US

Name and Address of New Registered Agent:

POLLACK, RONALD J
1862 MCCAULEY ROAD
CLEARWATER, FL 33765 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: RONALD POLLACK

05/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRGM () Delete
Name: POLLACK, RON
Address: 1862 MCCAULEY ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: MGR (X) Delete
Name: POLLACK, MIREILLE
Address: 1862 MCCAULEY ROAD
City-St-Zip: CLEARWATER, FL 33765

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: RONALD POLLACK

MRGM

05/21/2009

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