2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 12, 2009
Secretary of State

DOCUMENT# L08000053572

Entity Name: GROWTH PROVIDER, LLC

Current Principal Place of Business:

348 SW MIRACLE STRIP PAEKWAY, SUITE 39
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

307 SHORELINE DR
GULF BREEZE, FL 32561

Current Mailing Address:

348 SW MIRACLE STRIP PAEKWAY, SUITE 39
FT. WALTON BEACH, FL 32548

New Mailing Address:

307 SHORELINE DR
GULF BREEZE, FL 32561

FEI Number: 80-0202822 **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:

REYNOLDS, CHARLES H
348 SW MIRACLE STRIP PAEKWAY, SUITE 39
FT. WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

REYNOLDS, CHARLES H
307 SHORELINE DR
GULF BREEZE, FL 32561 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: CHARLES H. REYNOLDS 08/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REYNOLDS, CHARLES H
Address: 348 SW MIRACLE STRIP PAEKWAY, SUITE 39
City-St-Zip: FT. WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MMEM (X) Change ( ) Addition
Name: REYNOLDS, CHARLES H
Address: 307 SHORELINE DR.
City-St-Zip: GULF BREEZE, FL 32561

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: CHARLES REYNOLDS MMEM 08/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date