

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000053572

**Entity Name:** GROWTH PROVIDER, LLC

**FILED**  
**Oct 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

307 SHORELINE DR  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

307 SHORELINE DR  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 80-0202822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REYNOLDS, CHARLES H  
307 SHORELINE DR  
GULF BREEZE, FL 32561 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:** CHARLES H. REYNOLDS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MMEM  
**Name:** REYNOLDS, CHARLES H  
**Address:** 307 SHORELINE DR.  
**City-St-Zip:** GULF BREEZE, FL 32561

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:** CHARLES H. REYNOLDS

MMEM

10/07/2010

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