

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000053572

Entity Name: GROWTH PROVIDER, LLC

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

307 SHORELINE DR  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

307 SHORELINE DR  
NONE  
GULF BREEZE, FL 32561 UN

**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: \_\_\_\_\_

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      09/14/2011

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