

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000054701

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** PROVEE SERVICES LLC

**Current Principal Place of Business:**

17220 CALOOSA TRACE CIRCLE  
FT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

17220 CALOOSA TRACE CIRCLE  
FT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 27-0199248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERITAGE TAX & CONSULTING SERVICES INC.  
13720 SIX MILE CYPRESS #2  
FT MYERS, FL 33912 US

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

TAXES AND PAYROLL ACCOUNTANTS  
825 E COWBOY WAY  
SUITE 106  
LABELLE, FL 33935 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:** DAVID GOLDBERG

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MACIEL, KATHLEEN  
**Address:** 17220 CALOOSA TRACE CIRCLE  
**City-St-Zip:** FT MYERS, FL 33912

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:** KATHLEEN MACIEL

MS

04/18/2012

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