

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000071483

Entity Name: BILL PROVINSE, LLC

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3509 MARGATE DR.  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4917  
CLEARWATER, FL 33758 US

**New Mailing Address:**

PO BOX 3561  
HOLIDAY, FL 34692 US

FEI Number: 27-0619187

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PROVINSE, WILLIAM J  
5 N. MERCURY AVE  
CLEARWATER, FL 33765 US

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

PROVINSE, WILLIAM J  
3509 MARGATE DR.  
HOLIDAY, FL 34691 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: WILLIAM J PROVINSE

02/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PROVINSE, WILLIAM J  
Address: PO BOX 3561  
City-St-Zip: HOLIDAY, FL 34692 US

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: WILLIAM J PROVINSE

MGRM

02/28/2012

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