

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000095948

Entity Name: PROVEN RESULTS, LLC

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

**Current Principal Place of Business:**

4363 PRAIRIE VIEW DR S  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

4363 PRAIRIE VIEW DR S  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 32-0291743

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARLOTTA, CAROL  
4363 PRAIRIE VIEW DR S  
JACKSONVILLE, FL 32258 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: MGR  
Name: ARLOTTA, CAROL  
Address: 4363 PRAIRIE VIEW DR S  
City-St-Zip: JACKSONVILLE, FL 32258

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: CAROL ARLOTTA

MGR

04/28/2012

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