

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000098265

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** HIS PROVISION ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

5643 HAYES ST.  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

5643 HAYES ST.  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

PO BOX 816424  
HOLLYWOOD, FL 33081 US

**FEI Number:** 80-0491193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMNARINE, VASHTI  
5643 HAYES STREET  
HOLLYWOOD, FL 33021 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: MS  
Name: VASHTI, RAMNARINE  
Address: 5643 HAYES STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: VASHTI RAMNARINE

MS

04/26/2012

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