

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000002372

FILED  
May 01, 2008  
Secretary of State

Entity Name: PROVEN METHODS SEMINARS, LLC

**Current Principal Place of Business:**

2385 EXECUTIVE CENTER DR., STE. 290  
BOCA RATON, FL 33431

**New Principal Place of Business:**

6400 PARK OF COMMERCE  
BOCA RATON, FL 33487

**Current Mailing Address:**

2385 EXECUTIVE CENTER DR., STE. 290  
BOCA RATON, FL 33431

**New Mailing Address:**

PO BOX 811209  
BOCA RATON, FL 33481

FEI Number: 36-4215049      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MILIN, IRENE  
Address: 2385 EXECUTIVE CENTER DR., STE. 290  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete  
Name: ORLANDO, MATT  
Address: 803 WEST AVENUE  
City-St-Zip: ROCHESTER, NY 14611

Title: MGR ( ) Delete  
Name: HOPPENFELD, PETER  
Address: 32 ELM PLACE  
City-St-Zip: RYE, NY

Title: MGRM (X) Delete  
Name: AMEN, GAIL  
Address: 2385 EXECUTIVE CENTER DR., STE. 290  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MILIN, IRENE  
Address: 6400 PARK OF COMMERCE  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: AMEN, GAIL  
Address: 6400 PARK OF COMMERCE STE # 2  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GAIL AMEN

MGR

05/01/2008

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