

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000814

FILED  
Apr 19, 2011  
Secretary of State

Entity Name: PROVEST LLC

**Current Principal Place of Business:**

4520 SEEDLING CIRCLE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

4520 SEEDLING CIRCLE  
TAMPA, FL 33614 US

**New Mailing Address:**

FEI Number: 20-4268980

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: STRADY, SCOTT L  
Address: 4520 SEEDLING CIRCLE  
City-St-Zip: TAMPA, FL 33614 US

Title: MGR  
Name: STEANS, HARRISON I  
Address: 50 E. WASHINGTON ST., SUITE 400  
City-St-Zip: CHICAGO, IL 60602 US

Title: MGR  
Name: STEANS, JENNIFER W  
Address: 50 E. WASHINGTON ST., SUITE 400  
City-St-Zip: CHICAGO, IL 60602 US

Title: MGR  
Name: HOOTEN, KENNETH D  
Address: 50 E. WASHINGTON ST., SUITE 400  
City-St-Zip: CHICAGO, IL 60602 US

Title: MGR  
Name: DANIELS, C. BRYAN  
Address: 191 N. WACKER DRIVE, SUITE 800  
City-St-Zip: CHICAGO, IL 60606 US

Title: MGR  
Name: KILLACKEY, CHRISTOPHER T  
Address: 191 N. WACKER DRIVE, SUITE 800  
City-St-Zip: CHICAGO, IL 60606

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: SCOTT L. STRADY

MGR

04/19/2011

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