

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0600000814

Entity Name: PROVEST LLC

Current Principal Place of Business:

4520 SEEDLING CIRCLE
TAMPA, FL 33614

Current Mailing Address:

4520 SEEDLING CIRCLE
TAMPA, FL 33614 US

FEI Number: 20-4268980

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MGR
Name STRADY, SCOTT L
Address 4520 SEEDLING CIRCLE
City-State-Zip: TAMPA FL 33614

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

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

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

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

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

Title MGR
Name WARD, JAMES M
Address 4520 SEEDLING CIRCLE
City-State-Zip: TAMPA FL 33614

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT STRADY

MGR

02/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date