

**2015 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

*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 L. STRADY

**MANAGER**

**03/25/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date