L05000055694

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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NOTE: ARY OF STATE
ALLAHASSEE FLORINA

T. HAMPTON

JUN 2 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Primar LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Winnie Pritchett (Name of Person)		
· (Firm/Company)		
259 Button WOOD DRIVE (Address) Key Brs caye Pl 33149 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (305) 588 2816 (Area Code & Daytime Telephone Number)		
7. STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2008

WINNIE PRITCHETT 259 BUTTONWOOD DR KEY BISCAYNE, FL 33149

SUBJECT: PRIMAR LLC Ref. Number: L05000055694

We have received your document for PRIMAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by a member or manager of the limited liability company.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 608A00034261



RECEIVED

08 JUN 20 PM 12: 30

SECRETAIN OF STATE
TALLAHASSIE, FLORIDA

June 9, 2008

WINNIE PRITCHETT 259 BUTTONWOOD DR KEY BISCAYNE, FL 33149

SUBJECT: PRIMAR LLC Ref. Number: L05000055694

We have received your document for PRIMAR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 008A00035501

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

in the State of Florida.	608.508, Florida Statutes, the undersigned limited liability to change its registered office or registered agent, or both,
1. Name of the limited liability company:	rimar LHC
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	company: 259 Buttonwood DK118 ITey Biscayne PL 33149
(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE: BOX)	y: Same as above
6/6/05	Lo 5000055694
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	
Registered Agent:	Winnie Pritchett
Registered Office Address:	259 Buttonwood Dente Key 3-Scarge PC 33149
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:	Vor <u>NEW Registered Office address</u> : Pritchett Family Investments LLC
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	259 Buttonwood DRILE
that after the change or changes are made; the Flori office of the registered agent will be identical. Or	der the laws of the State of Florida, it is hereby confirmed da street address of the registered office and the business in the case of a Florida limited liability company, it is orized by an affirmative vote of the members of the limited rticles of organization or the operating agreement of the
(Printed of typed name of signee)	
I hereby accept the appointment as registered agest comply with the provisions of all statutes relative to am familiar with and accept the obligations of my properties. Or, if this document is being filed to merely reconfirm that the limited liability company has been	nt and agree to act in this capacity. I further agree to of the proper and complete performance of my duties, and I position as registered agent as provided for in Chapter 608, affect a change in the registered office address, I hereby notified in writing of this change.
(Signature of Registered Agent)	_

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508 company submits the following statement in order to chan in the State of Florida.	f, Florida Statutes, the undersigned limited liability ge its registered office or registered agent, or both,
1. Name of the limited liability company: 1 1 1 m c	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADD RESS</i>)	17 ey Biscagne PL 33149
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as above
6/6/05	Lo 5000055694
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t Registered Agent: Wes	he records of the Florida Dept: of State:
Registered Office Address:	259 Buttonwood Deve Key Biscaye R53149
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Pritchett Family Investment LLC 259 Buttonwood Drave Key Biscaye, FL 33149
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is
(Signature of a prember or authorized representative of a member)	• •
(Printed of typed name of signee) I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provisions of all statutes relative to the provision familiar with and accept the obligations of my position of a company in the state of t	per and complete performance of my duties, and I are registered agent as provided for in Chapter 608, hange in the registered office address. I hereby in writing of this change.
(Signature of Registered Agent)	S-1 P -
Division of Corporations, P.O. Box of FILING FEE:	6327, Tallahassee, FL 32314 🗀 🖰
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