

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114664

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: PRIORITY SIGNS & NEON, LLC

**Current Principal Place of Business:**

200 ROAT STREET  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

200 ROAT STREET  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

FEI Number: 26-1402600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTAMAR, ABNER  
200 ROAT STREET  
LEHIGH ACRES, FL 33936 US

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

ALTAMAR, ABNER  
200 ROAT STREET  
LEHIGH ACRES, FL 33936 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: ABNER ALTAMAR

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALTAMAR, ABNER  
Address: 200 ROAT STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGR ( ) Delete  
Name: ALTAMAR, IVELISSE  
Address: 200 ROAT STREET  
City-St-Zip: LEHIGH, FL 33936

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALTAMAR, ABNER  
Address: 200 ROAT STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGR (X) Change ( ) Addition  
Name: ALTAMAR, IVELISSE  
Address: 200 ROAT STREET  
City-St-Zip: LEHIGH, FL 33936

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: ABNER ALTAMAR

MGRM

04/30/2008

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