

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000084611

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC1232759463**

**Entity Name:** PRIME RETIREMENT ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

2520 N. TAMIAMI TR.  
NOKOMIS, FL 34275

**Current Mailing Address:**

2520 N. TAMIAMI TR.  
NOKOMIS, FL 34275 US

**FEI Number:** 26-0878686

**Certificate of Status Desired:** No

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

AABEL, SCOTT E  
7750 SILVER BELL DRIVE  
SARASOTA, FL 34241 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 MGRM  
Name AABEL, SCOTT E  
Address 7750 SILVER BELL DRIVE  
City-State-Zip: SARASOTA FL 34241

Title MGR  
Name FREDERICK, DAVID W  
Address 89 SKIDMORE ROAD  
City-State-Zip: POUGHKEEPSIE NY 12540

Title MGR  
Name DUNSTAN, WILLIAM  
Address 6 LINDA COURT  
City-State-Zip: POUGHKEEPSIE NY 12603

Title MGR  
Name PROTIGAL, JAMES C  
Address 5215 SIESTA COVE DRIVE  
City-State-Zip: SARASOTA FL 34242

Title MGR  
Name DIDONNA, GARY A  
Address 4797 SWEETMEADOW CIRCLE  
City-State-Zip: SARASOTA FL 34238

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARY DIDONNA

**MGR**

**04/29/2013**

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

\_\_\_\_\_  
Date