

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000151204

Entity Name: PRIME SAN ANTONIO, LLC**Current Principal Place of Business:**13050 CURLEY ROAD
DADE CITY, FL 33525**Current Mailing Address:**13050 CURLEY ROAD
DADE CITY, FL 33525 US**FEI Number:** 82-2649046**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHRISTIANSEN, JON
13050 CURLEY ROAD
DADE CITY, FL 33525 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 | CHRISTIANSEN, JON |
| Address | 13050 CURLEY ROAD |
| City-State-Zip: | DADE CITY FL 33525 |

| | |
|-----------------|------------------------|
| Title | MGR |
| Name | STEAD, MAHLON M |
| Address | 1525 HUNTINGFORD DRIVE |
| City-State-Zip: | MARIETTA GA 30068 |

| | |
|-----------------|---|
| Title | MGR |
| Name | DAVIDSON, DOUGLAS C |
| Address | 1180 W PEACHTREE STREET NW SUITE 700 |
| City-State-Zip: | ATLANTA GA 30309 |

| | |
|-----------------|---------------------|
| Title | MGR |
| Name | STEAD, REECE |
| Address | 13139 OVERLOOK PASS |
| City-State-Zip: | ROSWELL GA 30075 |

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: JON CHRISTIANSEN**REGISTERED AGENT****02/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date