2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-5049

1. Entity Name
PRIME FLORIDA SERVICE LLC

FILED
01 AUG 31 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3343 W. COMMERCIAL BLVD	3343 W. COMMERCIAL BLVD
Suite, Apt. #, etc.: SUITE 105	Suite, Apt. #, etc.: SUITE 105
City & State: FT. LAUDERDALE - FLORIDA	City & State: FT. LAUDERDALE - FLORIDA
Zip: 33309 / Country: U.S.A	Zip: 33309 / Country: U.S.A

4. FEI Number 651010287 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LARRY J BEHAR, P.A
888 SOUTHEAST THIRD AVENUE
SUITE # 400, FT. LAUDERDALE FL 33316
LEA SALAMA DIMITRI, ESQ

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 [signature] AUGUST 27. 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

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-09/07/01--01020--011
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANGEL GIOIA 3343 W. COMMERCIAL BLVD SUITE 105 FT. LAUDERDALE - FLORIDA 33309. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] (ANGEL GIOIA) AUGUST 27. 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #