

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90693 026 \*\*\*\*50.00

**DOCUMENT # L00000005049**

1. Entity Name

**PRIME FLORIDA SERVICE, L.L.C.**



Principal Place of Business

**3343 W. COMMERCIAL BLVD., STE. 105  
FT. LAUDERDALE FL 33309**

Mailing Address

**3343 W. COMMERCIAL BLVD., STE. 105  
FT. LAUDERDALE FL 33309**

2. Principal Place of Business

**3343 W. COMMERCIAL BLVD 105**

3. Mailing Address

**3343 W. COMMERCIAL BLVD 105**

Suite, Apt. #, etc.

**STE 105**

Suite, Apt. #, etc.

**STE 105**

City & State

**FT. LAUDERDALE**

City & State

**FT. LAUDERDALE**

Zip

**33309**

Country

**U.S.A**

Zip

**33309**

Country

**U.S.A**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1010287**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARRY J. BEHAR, P.A.  
888 SOUTHEAST THIRD AVENUE  
SUITE 400  
FT LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**May 1, 2003**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **D** ☐ Delete  
NAME **GIOIA, ANGEL**  
STREET ADDRESS **3343 W. COMMERCIAL BLVD., STE. 105**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **VILA, ALICIA**  
STREET ADDRESS **3343 W. COMMERCIAL BLVD., STE. 105**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**May 1, 2003**

**954-4843696**

CR2E083 (10/02)