FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am[§] Secretary of State DOCUMENT # L01000015029 1. Entity Name 05-15-2002 90052 025 ****50.00 PRIMA GROUP ENTERPRISES, LLC Principal Place of Business Mailing Address % FREEDMAN & MCCLOSKY, P.A. % FREEDMAN & MCCLOSKY, P.A. RATAMAMA ONE EAST BROWARD BLVD.. SUITE 700 ONE EAST BROWARD BLVD.. SUITE 700 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 26 - 000 9804 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCLOSKY, REED B Street Address (P.O. Box Number is Not Acceptable) % FREEDMAN & MCCLOSKY, P.A. ONE EAST BROWARD BLVD., SUITE 700 FT. LAUDERDALE FL 33301 City 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, 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/01) TIT! F ☐ Celeta TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS BROWARD CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE, FL 3330 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT! F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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. **FIMA GROWN TRANSONS** ATD (SIANGLOUS), MINITALING MEMBERS)

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