

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022622

DOCUMENT # L02000003853

1. Entity Name

PRIME PRESENCE, LLC



FILED

03 SEP 30 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business

RR 5 BOX 5422
EAST STROUDSBURG PA 18301
US

Mailing Address

P.O. BOX 429
BARTONSVILLE PA 18321
US

2. Principal Place of Business

5204 SW 5TH PLACE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 101245
Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

32-0002779

Applied For

Not Applicable

Zip

Country

33914 USA

Zip

Country

33910 USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COOK, BEVERLY A
5204 SW 5TH PLACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name COOK, MICHAEL A. JR.

Street Address (P.O. Box Number is Not Acceptable)

5204 SW 5TH PLACE

City

CAPE CORAL

FL

Zip Code

33914

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

Michael A. Cook Jr.

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

(NOTE: Registered Agent signature required when reinstating)

9/23/2003

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By September 24, 2003

200023420362
09/30/03--01035--021 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PRESIDENT
STREET ADDRESS MICHAEL A. COOK JR.
CITY-ST-ZIP 5204 SW 5TH PLACE
CAPE CORAL, FL 33914 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10.

ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Michael A. Cook Jr.

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

9/23/2003 239-851-3683

Date

Daytime Phone #

CR2F083 (4/03)