

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

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

05-05-2003 92176 014 \*\*\*\*55.00

DOCUMENT # L02000019517

1. Entity Name

PRI, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6542 Hypoluxo Rd

3. Mailing Address

6542 Hypoluxo Rd

Suite, Apt. #, etc.

Suite 271

Suite, Apt. #, etc.

Suite 271

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

43-1969394

Applied For

Not Applicable

Zip  
33467

Country

Zip  
33467

Country

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Richard K. Meder

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

6664 Hatteras Drive

City Lake Worth

FL

Zip Code  
33467

**DO NOT WRITE  
IN THIS SPACE**

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

*Richard K. Meder* Managing Member

4/30/03

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
Meder, Richard K.  
6664 Hatteras Drive  
Lake Worth, FL 33467

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CITY - ST - ZIP

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IN THIS SPACE**

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:

*Richard K. Meder* Managing Member

4/30/03

561-969-3331

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

Date

Daytime Phone #

Richard K. Meder

CR2E083B (12/02)