

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90050 039 \*\*\*\*50.00

**DOCUMENT # L02000030985**



1. Entity Name  
PRIMAFL, LLC

Principal Place of Business  
603 N INDIAN RIVER DR STE 300  
FORT PIERCE, FL 34950

Mailing Address  
603 N INDIAN RIVER DR STE 300  
FORT PIERCE, FL 34950

**20002802**



2. Principal Place of Business

1115 Delaware Ave  
Suite, Apt. #, etc.

3. Mailing Address

1115 Delaware Ave  
Suite, Apt. #, etc.

01172006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
32-0048076

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

GOOGE, HOWARD E JR ESQ  
401 E. OSCEOLA STREET  
STUART, FL 34994

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. 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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME FOGAL, CHRISTOPHER  
STREET ADDRESS 603 N.I.R. DR STE 300  
CITY-ST-ZIP FORT PIERCE, FL 34950 ☐ Delete

TITLE MGR  
NAME MATAKARTIS, MIKE  
STREET ADDRESS 4900 NE SPINNAKER PT PL  
CITY-ST-ZIP STUART, FL 34996 ☐ Delete

TITLE MGR  
NAME PRINCE, JOEL  
STREET ADDRESS 917 CENTRAL PKWY  
CITY-ST-ZIP STUART, FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 1115 Delaware Ave  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Chris Fogal* CHRISTOPHER FOGAL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/21/06 772-461-5511  
Date Daytime Phone #