

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030985

Entity Name: PRIMAFL, LLC

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

2112 S US HWY 1
STE 201
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2112 S US HWY 1
STE 201
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 32-0048076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FOGAL, CHRISTOPHER
Address: 2112 S US HWY 1 STE 201
City-St-Zip: FORT PIERCE, FL 34950

Title: MGR () Delete
Name: MATAKARTIS, MIKE
Address: 4900 NE SPINNAKER PT PL
City-St-Zip: STUART, FL 34996

Title: MGR (X) Delete
Name: PRINCE, JOEL
Address: 917 CENTRAL PKWY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: MATAKAETIS, MIKE
Address: 4900 NE SPINNAKER PT PL
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHRISTOPHER FOGAL

MGR

01/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date