

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000009135

FILED
Nov 05, 2009
Secretary of State

Entity Name: PRIME PROPERTIES LLC

Current Principal Place of Business:

1835 E. HALLANDALE BEACH BLVD STE.117
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

1835 E. HALLANDALE BEACH BLVD STE.117
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NURIELI, EDDIE
1835 E. HALLANDALE BEACH BLVD STE.117
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

NURIELI, EDDIE ESQ/TR
1835 E. HALLANDALE BEACH BLVD STE.117
HALLANDALE BEACH, FL 33009 US

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: EDDIE NURIELI, ESQ.

11/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NURIELI, EDDIE
Address: 1835 E. HALLANDALE BEACH BLVD STE.117
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NURIELI, EDDIE ESQ/TR
Address: 1835 E. HALLANDALE BEACH BLVD STE.117
City-St-Zip: HALLANDALE BEACH, FL 33009

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: EDDIE NURIELI ESQ/TRUSTEE

MGR

11/05/2009

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