L03000031402

	(Requestor's Name)
ŧ	Prime Dev. Fla LLC 99 Tulip Ave, #308 Floral Park, NY 11001
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
Name Availability	
Document	
Jpdater	Office Use Only
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cknowledgement	DCC
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SECULETARY OF STATE



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limits	•	PRIME DEVELOPMENT FI	LA LLC		
		pany is: 99 TULIP AVENU	<u>L, 0011 L 000</u>		
FLORAL PARK, NEW	YORK HOUT				
8-21-2003		LO3000031402	LO3000031402		
3. Date of filing/registrat	ion in Florida	4. Document numb	ber		
5. The name of the register Florida Department of	State: NAT'L CORPORATE	red office address as shown or RESEARCH LTD, INC.	ı the records of t	he	
	103 N. MERIDIAN ST				
	Address TALLAHASSEE, FL 32301 City, State and Zip		TALLAHASSETARY		
6. The name and address	of the new registered ager	nt and/or office:		F	
GUENNADI OKS Name Name 1340 SOUTH OCEAN BLVD, #1605			[This	m	
				9	
	Florida street address (P.O. Box NOT acceptable)	ुलं 🐱		
	POMPANO BEACH,	_{FL} 33062-6908			
	City, Stat	te and Zip			
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	ppany is not organized un lange or changes are mad the registered agent will beby confirmed that the claded that the claded that the claded liability company or as the limited liability com	der the laws of the State of Florida street address of be identical. Or, in the case of hange(s) was/were authorized otherwise provided in the article and the article of t	orida, it is hereb f the registered of f a Florida limite by an affirmativ cles of organizat	y office ed e vote of tion or	
(Signature of a member or authori	zed representative of a member)	 	· .		
ALLEN KAHAN					
(Printed or typed name of signee)		73. · · · · · · · · · · · · · · · · · · ·			
I hereby accept the appoing comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ages s of all statutes relative to d accept the obligations o his document is being file that the limited liability o	nt and agree to act in this cape o the proper and complete per of my position as registered ag ed to merely reflect a change i company has been notified in t	acity. I further a formance of my sent as provided in the registered writing of this cl	igree to duties, for in office hange.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)