

L03000041519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
OCT 18 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME HOTELS USA, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROSEMARY GOTTUSO

(Contact Person)

PRIME HOTELS USA, LLC

(Firm/Company)

1238 COLLINS AVE

(Address)

MIAMI BEACH, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

ROSEMARY GOTTUSO at (305) 527-7071
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 OCT 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 28, 2011

ROSEMARY GOTTUSO
PRIME HOTELS USA LLC
1238 COLLINS AVE
MIAMI BEACH, FL 33139

SUBJECT: PRIME HOTELS USA, LLC
Ref. Number: L03000041519

We have received your document for PRIME HOTELS USA, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00021231



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 13, 2011

ROSEMARY GOTTUSO
PRIME HOTELS USA LLC
1238 COLLINS AVE
MIAMI BEACH, FL 33139

SUBJECT: PRIME HOTELS USA, LLC
Ref. Number: L03000041519

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If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 411A00021231



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

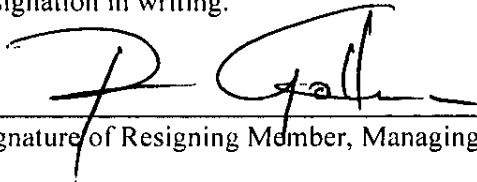
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PRIME HOTELS USA, LLC

2. This limited liability company was organized under the laws of:
L03000041519

3. The Florida document/registration number of this limited liability company is:
FLORIDA

4. I, ROSEMARY GOTTUSO, hereby resign as a GM
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2011 OCT 17 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA