

L03 00 00 41519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

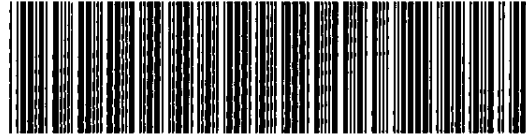
(Business Entity Name)

(Document Number)

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09/12/11--01016--010 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT 17 AM 8:34

FILED

T. HAMPTON

OCT 1 A 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: L03000041519

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTO PECCHI
Name of Person

PRIME HOTELS USA, LLC
Name of Firm/Company

1238 COLLINS AVE
Address

MIAMI BEACH, FL 33139
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERTO PECCHI at (786) 564-2318
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 OCT 17 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 29, 2011

ROBERTO PECCHI
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 \$85.00. 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: 811A00021229



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 SEP 27 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 13, 2011

ROBERTO PECCHI
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 check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$50.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

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: 811A00021229

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

ROBERTO P PECCHI

Name of Registered Agent

, hereby resigns as

Registered Agent for

PRIME HOTELS USA, LLC

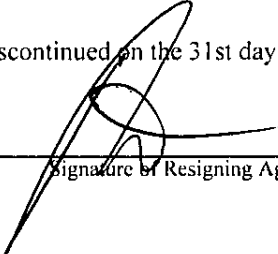
Name of Limited Liability Company

L03000041519

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

INHS17 (08/05)

FILED
2011 OCT 17 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA