

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000080774

1. Entity Name
PRIORITY 1 MANAGEMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 23 AM 9:05

Principal Place of Business
8420 S.W. 148 DRIVE
MIAMI, FL 33158

Mailing Address
8420 S.W. 148 DRIVE
MIAMI, FL 33158

2. Principal Place of Business
6631 S.W. 64 AVE.
Suite, Apt. #, etc.

3. Mailing Address
6631 S.W. 64 AVE.
Suite, Apt. #, etc.



09212005 REIN-LLC CR2E101 (6/04)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
20-1884856

Applied For
Not Applicable

Zip
33143

Country
USA

Zip
33143

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, LAZARO L
6631 S.W. 64 AVENUE
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALVAREZ, LAZARO L
6631 S.W. 64TH AVENUE
MIAMI, FL 33143 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIOS, WILLIAM R
8420 S.W. 148 DRIVE
MIAMI, FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400059902014
09/23/05--01053--008 **50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9-2205

REINSTATEMENT 2005