

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082943

Entity Name: PRISTATI, LLC

FILED  
Apr 07, 2008  
Secretary of State

**Current Principal Place of Business:**

9567 LEE REEVES ROAD  
TALLAHASSEE, FL 323094052

**New Principal Place of Business:**

**Current Mailing Address:**

9567 LEE REEVES ROAD  
TALLAHASSEE, FL 323094052

**New Mailing Address:**

FEI Number: 20-1891119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

Fontela, Rogelio J  
2367 Centerville Road  
Tallahassee, FL 323084317 US

**Name and Address of New Registered Agent:**

Fontela, Rogelio J  
1591 Summitt Lake Drive  
Suite 200  
Tallahassee, FL 32317 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:

04/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: Fontela, Rogelio J  
Address: 2367 Centerville Road  
City-St-Zip: Tallahassee, FL 323084317

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: Fontela, Rogelio J  
Address: 1591 Summitt Lake Drive, SU 200  
City-St-Zip: Tallahassee, FL 32317

Title: MGR ( ) Change (X) Addition  
Name: Fontela, Lucia P Member  
Address: 9567 Lee Reeves Road  
City-St-Zip: Tallahassee, FL 32309

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: ROGELIO J FONTELA

MGR

04/07/2008

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