LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT	#	L06000021463
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Prime Residential Mortgage Group, LLC



FILED 07 MAR - 6 PM 3: 25 SECKETARY OF STATE JALLAHASSEE. FLORIDA

DO NOT WRITE IN THIS SPACE

				- Y 1 1 1	/\		
	2. Principal Place of Business 8400 North University Drive 3. Mailing Address \$400 North University Drive		$\exists 1 / !$				
Suite, Apl		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
	City & State City & State			8. FEI Number Applied For			
TAMARAC					20-4407088 Not Application		
Zip 33321	Country Broward	Zip	Zip Country		5. Certificate of Status Desired ▼ \$5.00 Additional Fee Required		
					dress of Current Registered	Agent	
DO NOT WRITE IN THIS SPACE		Name Spiegel & Utrera, P.A.					
		Street Address (P.O. Box Number is Not Acceptable)					
		1840 Coral Way, 4th Floor					
		City	Miami FL Zipson 45				
	re named entity submits this statemen	t for the purpose of changing its re	egistered office or reg		, in the State of Florida. I am fa	amiliar with, and accept	
the obliga	ations of registered agent.						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable.			DATE		
			EE IS \$50.00				
		Make Check Payable	•	tment of State			
9.	AAANA OING MEN	BERS/MANAGERS	JE BY MAY 1				
TITLE			TITLE				
NAME	CEO/Director Of Operati 4118 Riverside Drive #A		NAME				
STREET ADDRESS CITY-ST-ZIP	Coral Springs FL 33065		STREET ADDRESS CITY-ST-ZIP				
TITLE	\(\text{D}(\text{D})\)	D D I MOI'	TITLE	200)092355 <mark>6</mark>	32	
NAME	VP/Director Of Business Dev. Roslynn M Shittu 4118 Riverside Drive #A		NAME	200092355632 03/13/U/U1U24UU7 **50.00			
STREET ADDRESS CITY-ST-ZIP	Coral Springs FL 33065		STREET ADDRESS CITY-ST-ZIP				
TITLE		O	TITLE			·····	
NAME	Director Of Marketing: To 5530 SW 10th Place	ommy Unovbiona	NAME				
STREET ADDRESS CITY-ST-ZIP	Margate FL 33068		STREET ADDRESS CITY-ST-ZIP	DC	NOT WRI	TE	
TITLE			TITLE			· · · · · · · · · · · · · · · · · · ·	
NAME			NAME	IN	THIS SPAC	<i>,</i> _	
STREET ADDRESS CITY-ST-ZIP	S		STREET ADDRESS City-St-Zip				
TITLE			TITLE	· · · · · · · · · · · · · · · · · · ·			
NAME			NAME				
STREET ADDRESS	s		STREET ADDRESS				
CITY-ST-ZIP	1		ÇITY-S1-ZIP				

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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

Daytime Phone #