

L06000031897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

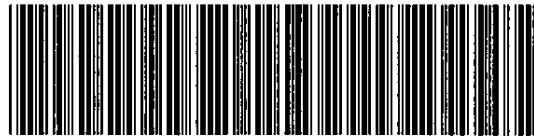
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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**LAW OFFICES OF DENIS FISHMAN, LLC**

1250 E. Hallandale Beach Blvd., Suite 605  
Hallandale, FL 33009  
Tel: 954-455-5033 Fax: 954-455-5034  
fishmanlaw@bellsouth.net

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Denis Fishman, Esq.\*

\*Member of New York, New Jersey and Florida Bar

August 13, 2007

*Via Overnight Express Mail*

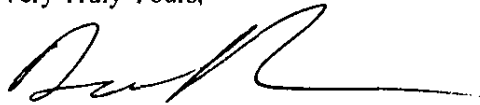
Florida Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Resignation of Registered Agent for  
Prime PB 90 LLC, Prime PB 16, LLC.

Dear Sir/Madam,

Enclosed please find the above the referenced documents plus a filing fee check for \$170.00.  
Please do not hesitate to contact us for any additional information or with any questions.

Very Truly Yours,



Law Offices of Denis Fishman, LLC  
Denis Fishman, Esq.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Prime PB 90 LLC  
(Name of Limited Liability Company)

**DOCUMENT NUMBER:** L06000031897

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:

Denis Fishman, Esq.  
(Name of Person)

Law Offices of Denis Fishman, LLC  
(Name of Firm/Company)

1250 E. Hallandale Beach Blvd, Ste 605  
(Address)

Hallandale, FL 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

Denis Fishman at ( 954 ) 455-5033  
(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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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

## 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,

Guennadi Oks

(Name of Registered Agent)

Registered Agent for Prime PB 90 LLC

(Name of Limited Liability Company)

L06000031897

(Document Number, if known)

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DIVISION OF CORPORATIONS  
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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