

L060000578489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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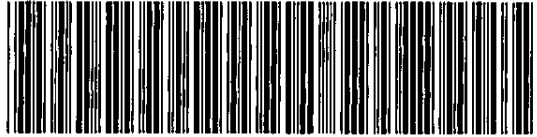
(Business Entity Name)

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D. BRUCE

JAN 18 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME REAL-T, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES M. KWON
(Name of Person)

PRIME REAL-T, LLC
(Firm/Company)

6501 N. FEDERAL HWY # 2
(Address)

BOCA RATON, FL 33407
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES M. KWON at (561) 241-7771
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2008

JAMES M. KWON
6501 N. FEDERAL HWY #2
BOCA RATON, FL 33487

SUBJECT: PRIME REAL-T, LLC
Ref. Number: L06000078489

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$25.00.

Please return 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 108A00000657

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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: PRIME REAL-T, LLC
2. The mailing address of the limited liability company is : 6501 N. FEDERAL HWY, #2, BOCA RATON, FL 33487
3. Date of filing/registration in Florida 8-9-2006
4. Document number L06000078489
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

AGENTS AND CORPORATIONS, INC
Name
300 FIFTH AVENUE SOUTH, SUITE 101-330
Address
NAPLES, FL 34102
City, State and Zip

6. The name and address of the new registered agent and/or office:

JAMES M. KWON
Name
6501 N. FEDERAL HWY #2
Florida street address (P.O. Box NOT acceptable)
BOCA RATON FL 33487
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

JAMES M. KWON
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00