

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90073 018 ***538.75

DOCUMENT # L07000060702

1. Entity Name
PRI MIAMI, LLC



Principal Place of Business
1110 NE 8TH AVENUE, SUITE C
GAINESVILLE, FL 32601

Mailing Address
1110 NE 8TH AVENUE, SUITE C
GAINESVILLE, FL 32601

60045727



2. Principal Place of Business - No P.O. Box #
602 SOUTH MAIN ST.
Suite, Apt. #, etc.

3. Mailing Address
602 SOUTH MAIN ST.
Suite, Apt. #, etc.

07182008 Chg-LLC CR2E083 (12/06)

City & State
GAINESVILLE FL
Zip 32601 Country USA

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GAINESVILLE FL
Zip 32601 Country USA

4. FEI Number
26-0385839
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, L. NICK
1110 NE 8TH AVENUE, SUITE C 602 SOUTH MAIN ST.
GAINESVILLE, FL 32601

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 \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DAVIS, L. NICK
STREET ADDRESS 1110 NE 8TH AVENUE, SUITE C
CITY-ST-ZIP GAINESVILLE, FL 32601

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 602 SOUTH MAIN ST.
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

7/18/08 352-379-7606