

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000090997

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** PRIORITY MANAGEMENT SERVICE, LLC

**Current Principal Place of Business:**

6406 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 1968  
APOPKA, FL 32704

**New Mailing Address:**

**FEI Number:** 42-1741261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TASTE OF JAMAICA RESTAURANT, INC.  
6406 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32810 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: CAMPBELL, SOPHIA  
Address: P.O. BOX 1968  
City-St-Zip: APOPKA, FL 32704 FL

I hereby 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: SOPHIA CAMPBELL

PS

04/26/2012

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