

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000106464

Entity Name: PRIM MARKETING, LLC

FILED
Nov 02, 2009
Secretary of State

Current Principal Place of Business:

4624 NW 107TH AVE
#2301
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

4624 NW 107TH AVE
#2301
DORAL, FL 33178

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ULLOA, RUHAMMI E
9581 FONTAINEBLEAU BLVD
#503
MIAMI, FL 33172 US

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: RUHAMMI E. ULLOA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOFFMAN, PAULA A
Address: 4624 NW 107TH AVE, #2301
City-St-Zip: DORAL, FL 33178

Title: MGRM () Delete
Name: PEREZ, MARINEE
Address: 4625 SW 95TH AVE
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Delete
Name: ESCALANTE, IRAIDA
Address: 15957 SW 53RD TERRACE
City-St-Zip: MIAMI, FL 33185

Title: MGRM () Delete
Name: ULLOA, RUHAMMI E
Address: 9581 FONTAINEBLEAU BLVD, #503
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAULA M. GOFFMAN

MGRM

11/02/2009

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