

L09000015611

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

APR 21 2010

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Primetime Pools, 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:

Justin Metzger  
Name of Person

Primetime Pools, LLC  
Firm/Company

160 Cypress Club Dr. Apt. 608  
Address

Pompano Beach, FL 33060  
City/State and Zip Code

primetime-pools@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Justin Metzger at ( 954 ) 288-1981  
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

RECEIVED

10 APR 20 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 7, 2010

JUSTIN METZGER  
160 CYPRESS CLUB DR  
APT 608  
POMPANO BEACH, FL 33060

SUBJECT: PRIMETIME POOLS, LLC  
Ref. Number: L09000015611

We have received your document for PRIMETIME POOLS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 110A00008527

**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. Name of the limited liability company: Primeline Pools, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_



(Note: **MUST BE STREET ADDRESS**)

160 Cypress Club Dr. Apt. 608  
Pompana Beach, FL 33060

(b) Mailing address of limited liability company: \_\_\_\_\_



(Note: **MAY BE POST OFFICE BOX**)

160 Cypress Club Dr. Apt. 608  
Pompana Beach, FL 33060

2/15/2009  
3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

The Company Corporation

Registered Office Address:

2711 Centerville Rd., Suite 400  
Wilmington, DE 19808

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

Justin Metzger

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

160 Cypress Club Dr. Apt. 608  
Pompana Beach, FL 33060  
FL

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 of a member or authorized representative of a member

Justin Metzger

Printed or typed name of signer

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 of Registered Agent

Justin Metzger

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 20 AM 10:00  
TALLAHASSEE, FL 32314