L09000039856

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
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(Do	cument Number)				
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Special Instructions to Filing Officer:					
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Office Use Only



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04/10/12--01010--003 **25.00



D. BRUCE

APR II 2012

EXAMINER

COVER LETTER

Division of Corpo	rations							
SUBJECT:		USA	\ Prime	LLC				
	Name of	f Limite	d Liabilit	y Company	,			_
Dear Sir or Madam:								
The enclosed Registered	Agent/Registered	Office	Change a	ınd fee(s) ar	e submitted	for filin	g.	
Please return all correspon	ndence concernin	g this m	natter to t	he followin	g:			
	everly Eller			_				
Nan	ne of Person							
	Prime LLC			-				
Firm	n/Company				•			
	NES RD N # 22	!5				H.		
A	ddr e ss					ALL AI	12 APR 10 PH 12: 55	(-a
ST PETERSB	URG FL 33714	-1954				AS AS	<u>خ</u> د	Circu
	te and Zip Code			-		SE	0	rno
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mail@	Ausanrimella						75	1
E-mail address: (to be used	for future annual report	t notification	on)	•		OF STATE	ភ	
For further information co	oncerning this ma	tter, ple	ase call:			X.	497	
Beverly E	Eller	at (_	727)	688-102	28		_
Name of Perso	មា		Aı	rea Code & Day	time Telephon	e Number		
STREET/COURIE				LING ADDI				
Registration Section Division of Corpora		Registration Section Division of Corporations						
Clifton Building	tions			Box 6327	iations	Ž.		
2661 Executive Cen	ter Circle			hassee, Florid	la 32314			
Tallahassee, Florida	32301			•				
Enclosed is a chec	k for the follow	ing amo	ount:					
\$25 Filing Fee			\$55	Filing Fee	& Certified	Сору		

TO: Registration Section

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.

age and the second seco	•					
Name of the limited liability company:	USA Prime LLC					
2. (a) Principal office address of limited liability compan	y: USA Prime LLC					
(Note: MUST BE STREET ADDRESS)	5447 HAINES RD N # 225 ST PETERSBURG FL 33714-1954					
(b) Mailing address of limited liability company:	USA Prime LLC					
(Note: MAY BE POST OFFICE BOX)	5447 HAINES RD N # 225 ST PETERSBURG FL 33714-1954					
04/06/2012	L09000039856					
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:	Beverly Eller					
Registered Office Address:	6550 29th Way N St Petersburg, FL 33702					
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>						
NEW Registered Agent:	BH 6					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5447 HAINES RD N # 225 ST PETERSBURG ,FL 33714-1954					
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote					
Beverly Eller						
Printed or typed name of signee	_					
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.					
Signature of Registered Agent						

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