

L11000087027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

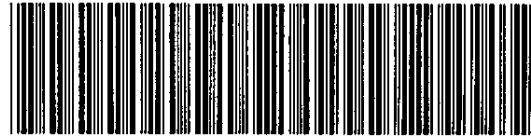
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

N. Gulligan SEP 16 2013

CO LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Takeout, 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:

Corey Frazier
Name of Person

Prime Takeout, LLC
Firm/Company

11707 NW 11th St.
Address

Pembroke Pines, FL 33026
City/State and Zip Code

~~XXXXXXXXXX~~ INFO@PRIMETAKEOUT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corey Frazier at (954) 662-4876
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

August 23, 2013

COREY FRAZIER
11707 NW 11TH STREET
PEMBROKE PINES, FL 33026

SUBJECT: PRIME TAKEOUT LLC
Ref. Number: L11000087027

We have received your document for PRIME TAKEOUT 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 813A00020159

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: Prime Takeout, LLC

2. (a) Principal office address of limited liability company: 11707 NW 11th St.
(Note: **MUST BE STREET ADDRESS**) Pembroke Pines, FL 33026

(b) Mailing address of limited liability company: PO Box 260943
(Note: **MAY BE POST OFFICE BOX**) Pembroke Pines, FL 33026

07/28/2011
3. Date of filing/registration in Florida

L11000087027
4. Document number

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

Registered Agent:

United States Corporation Agents, Inc.

Registered Office Address:

13302 Winding Oak Court
Ste. A
Tampa, FL 33612

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

NEW Registered Agent:

Corey Frazier

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

11707 NW 11th St.
Pembroke Pines, FL 33026
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.

Corey Frazier
Signature of a member or authorized representative of a member

Corey Frazier
Printed or typed name of signee

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.

Corey Frazier
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
SEP 16 AM 11:09
TALLAHASSEE, FLORIDA
CLERK OF STATE