

L14000054327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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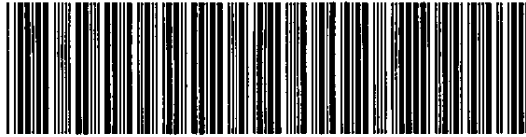
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CONCORDANCE

C.L.  
3-13-15

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Prime Sunrise Rentals 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:

Joseph M. Ansaroff

Name of Person

Prime Sunrise Rentals LLC

Firm/Company

4503 Northwest 103 Avenue Suite 102

Address

Sunrise, Fl. 33351

City/State and Zip Code

PrimePaint@Comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria E. Ansaroff

at ( 954 ) 7467407

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

