

4180000065970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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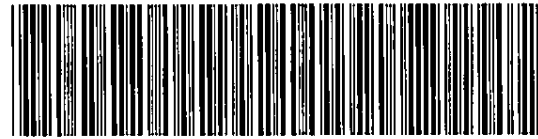
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME DETAILING LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIK PABUSTAN
Name of Person

PRIME DETAILING LLC
Firm/Company

2642 CAROLINE HILLS DRIVE
Address

JACKSONVILLE, FL 32225
City/State and Zip Code

primedetailingllc@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIK PABUSTAN at (904) 525-6120
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PRIME DETAILING LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ERIK PABUSTAN</u>	<u>2642 CAROLINE HILLS DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32225</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>LANCE McDONALD</u>	<u>2642 CAROLINE HILLS DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32225</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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Dated OCTOBER 25, 2018

Signature of a member or authorized representative of a member

ERIK PABUSTAN

Typed or printed name of signee