

1800088515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

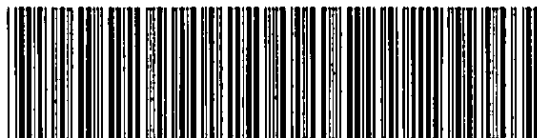
(Business Entity Name)

(Document Number)

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25th MAY 21 AM 4:50  
TALLAHASSEE FLORIDA

MAY 23 2018  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Priority Credit Solutions  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L180000088515 / L180000088515

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samile Brown  
Name of Person

Priority Credit Solutions  
Name of Firm/Company

11.338 SW 45th Pl.  
Address

Miami, Florida 33025  
City/State and Zip Code

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

For further information concerning this matter, please call:

Samile Brown at (225) 650-9158  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
2018 MAY 21 AM 10:56  
DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2018

PRIORITY CREDIT SOLUTIONS, LLC  
PO BOX 693100  
18640 NW 2ND AVE  
MIAMI GARDENS, FL 33169

SUBJECT: PRIORITY CREDIT SOLUTIONS, LLC  
Ref. Number: L18000088515

We have received your document for PRIORITY CREDIT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 518A00008509

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SUNBIZ  
TALLAHASSEE FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Priority Credit Solutions

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

11338 SW 45th Plk  
Miami, Florida 33025  
4/9/2018

P.O. Box 1693100  
Miami Gardens  
FL 330088575

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) United States Corporation Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
13302 Winding Oak Court  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

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

11338 SW 45th Place  
Miaramar Florida 33025  
Miaramar, FL 33025

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2018 MAR 21 AM 4:50  
TALLAHASSEE, FLORIDA

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.

Samuel Brown \_\_\_\_\_  
Signature of a member or authorized representative of a member 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 605, 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.

Samuel Brown  
Signature of Registered Agent