

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : PRIME GENERAL LLC  
Account Number : I20170000053  
Phone : (954)624-4801  
Fax Number : (954)241-7812

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: patrick@primegroupus.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PHG AT MARATHON LAND HOLDINGS 2 LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

O SIMMONS

MAR 19 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PHG AT MARATHON LAND HOLDINGS 2 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:

LARRY M. ABBO

Name of Person

PRIME HOSPITALITY GROUP II LLC

Firm/Company

4651 SHERIDAN STREET, SUITE 480

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

[larry@abbo.net](mailto:larry@abbo.net)

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

For further information concerning this matter, please call:

LARRY M. ABBO

954 624-4801  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2022 APR 10 PM 1:35  
ADAMS COUNTY  
CLERK

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2020 APR 18 PM 17:35

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

March 17, 2020

Larry M. Abba, Manager

Typed or printed name of signer