## **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

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

corporate@zkslawfirm.com Email Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PERSONAL RECIPROCAL INSURANCE MEMBER EXCHANGE (PRIME

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

JUL 1 6 2021

A. LUNT

Help

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

PERSONAL RECIPROCAL I	NSURANCE MEMBER	R EXCHANGE (PRIME), LLC
SUBJECT: (Name	of Limited Liability Co	mpany)
The enclosed member, resignation or o	dissociation and fee(	s) are submitted for filing.
Please return all correspondence conce	erning this matter to:	
WILLIAM H. ROBBINSON, JR., ESQUIRE		
(Contact Person)		_
ZIMMERMAN KISER SUTCLIFFE		
(Firm/Company)		
315 E ROBBINSON ST., SUITE 600		
(Address)		_
ORLANDO, FL 32801		
(City/State and Zip Code	)	_
For further information concerning thi	s matter, please call:	
EILEEN SOTO	407	425-7010
(Name of Contact Person)	(Arca Code	& Daytime Telephone Number)
Enclosed please find a check made pay  \$\begin{align*} \begin{align*} alig		Department of State for: g Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee

Tallahassee, FL 32303

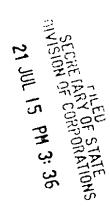
2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Tallahassee, FL 32314



# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



# DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

			it appears on the records of the Florida Department	
O:	f State is: PERS	ONAL RECIPROCAL INSURAI	NCE MEMBER EXCHANGE (PRIME), LLC	
	he Florida doc .20000253997	ument/registration number a	ssigned to this limited liability company is:	
3. T	he date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	
4. I,	LANIER M. P	ORTER	, hereby withdraws/resigns as a	
,		Person Resigning)	, hereby wididaws/resigns as a	
Ī	nember, and all o	offices or positions held .		
res	ignation in wri		c limited liability company has been notified of my	
		\$25.00 (Required) \$30.00 (Optional)		