

L20000253997

Florida Department of State

Division of Corporations

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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.****

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DIVISION OF CORPORATIONS
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PERSONAL RECIPROCAL INSURANCE MEMBER EXCHANGE
(PRIME)**

Certificate of Status	0
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A. LUNT

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

PERSONAL RECIPROCAL INSURANCE MEMBER EXCHANGE (PRIME), LLC
SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning 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 this matter, please call:

EILEEN SOTO

at (407) 425-7010

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PERSONAL RECIPROCAL INSURANCE MEMBER EXCHANGE (PRIME), LLC

2. The Florida document/registration number assigned to this limited liability company is:
L20000253997

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/08/2021

4. I, LANIER M. PORTER, hereby withdraws/resigns as a
(Print Name of Person Resigning)
member, and all offices or positions held

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)