

L23000448881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

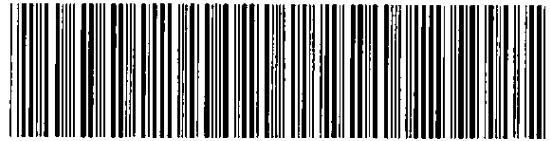
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIME EUROPEAN PARTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CELEST CHAITRAM

Name of Person

PRIME EUROPEAN PARTS LLC

Firm/Company

243 NW 36TH AVE

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

CELEST.CHAITRAM@GMAIL.COM

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

For further information concerning this matter, please call:

CELEST

561 859-3651
at ()

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

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: PRIME EUROPEAN PARTS LLC

2. (a) 243 NW 36TH AVE, DEERFIELD BEACH FL 33442 (b) 243 NW 36TH AVE, DEERFIELD BEACH FL 33442

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

243 NW 36th Ave

243 NW 36th Ave

Deerfield Bch FL 33442

Deerfield Bch FL 33442

09/27/2023

L23000448887

3. Date of filing/registration in Florida

4. Document number

5. (a) INC AUTHORITY RA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

390 NORTH ORANGE AVE., STE 2300-N ORLANDO FL 32801

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

390 NORTH ORANGE AVE STE 2300-N

ORLANDO, FL 32801

(b) KESS KESSOONDAN

Enter name of NEW Registered Agent and/or NEW Registered Office address:

243 NW 36TH AVE, DEERFIELD BEACH FL 33442

NEW Registered Office Address:

243 NW 36TH AVE

DEERFIELD BEACH, FL 33442

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.

Kess Kessoonda

Signature of a member or authorized representative of a member

KESS KESSOONDAN

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.

Kess Kessoonda

Signature of Registered Agent

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

FILING FEE: \$25.00

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2024 AUG 27 PM 4:38
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE