2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Aug 10, 2007 08:00 All Secretary of State DOCUMENT # M06000003806 1. Entity Name PRIME FLORAL, LLC Principal Place of Business Mailing Address 2740 N MAYFAIR 2740 N MAYFAIR SPRINGFIELD MO 65803 SPRINGFIELD MO 65803 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E083 (4/07) City & State City & State 4. FEI Number Applied For 20-0781798 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSS, MARVIN I Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD STE 506 NORTH MIAMI BEACH FL 33180-1430 City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change Addition LOW, ROBERT E NAME H00000771856 STREET ADDRESS PO BOX 4208 STREET ADDRESS ∆8/18/87-80884-882 50.00 SPRINGFIELD MO 65808-4208 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR Delete TITLE ☐ Change ☐ Addition LOW, LAWANA L NAME PO BOX 4208 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRINGFIELD MO 65808-4208 CITY - ST- ZIP TITLE MGR Delete TITLE □ Change ☐ Addition NAME HICKS, PATRICIÁ A NAME STREET ADDRESS PO BOX 4208 STREET ADDRESS CITY-ST-7IP SPRINGFIELD MO 65808-4208 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true applications and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes