

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90263 001 ***138.75

DOCUMENT # M06000003806
 1. Entity Name
 PRIME FLORAL, LLC



Principal Place of Business: 2740 N MAYFAIR, SPRINGFIELD MO 65803
 Mailing Address: 2740 N MAYFAIR, SPRINGFIELD MO 65803



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
 Zip Country

4. FEI Number: 20-0781798
 Applied For: Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOSS, MARVIN I
 20801 BISCAYNE BLVD STE 506
 NORTH MIAMI BEACH FL 33180-1430

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: FL Zip 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE: MGR NAME: LOW, ROBERT E STREET ADDRESS: PO BOX 4208 CITY-ST-ZIP: SPRINGFIELD MO 65808-4208	<input type="checkbox"/> Delete	
TITLE: MGR NAME: LOW, LAWANA L STREET ADDRESS: PO BOX 4208 CITY-ST-ZIP: SPRINGFIELD MO 65808-4208	<input type="checkbox"/> Delete	
TITLE: MGR NAME: HICKS, PATRICIA A STREET ADDRESS: PO BOX 4208 CITY-ST-ZIP: SPRINGFIELD MO 65808-4208	<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	

10. ADDITIONS/CHANGES		
TITLE: MGRM NAME: Hopkins, Darrel STREET ADDRESS: 2740 N. MAYFAIR CITY-ST-ZIP: Springfield MO 65803	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate 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.

SIGNATURE: Darrel Hopkins DATE: 3-10-08 417-521-3380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE