

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003806

FILED
Jul 15, 2009
Secretary of State

Entity Name: PRIME FLORAL, LLC

Current Principal Place of Business:

2740 N MAYFAIR
SPRINGFIELD, MO 65803

New Principal Place of Business:

Current Mailing Address:

2740 N MAYFAIR
SPRINGFIELD, MO 65803

New Mailing Address:

PO BOX 4208
SPRINGFIELD, MO 65808

FEI Number: 20-0781798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOSS, MARVIN I
20801 BISCAYNE BLVD STE 506
NORTH MIAMI BEACH, FL 331801430 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOW, ROBERT E
Address: PO BOX 4208
City-St-Zip: SPRINGFIELD, MO 658084208

Title: MGR () Delete
Name: LOW, LAWANA L
Address: PO BOX 4208
City-St-Zip: SPRINGFIELD, MO 658084208

Title: MGR () Delete
Name: HICKS, PATRICIA A
Address: PO BOX 4208
City-St-Zip: SPRINGFIELD, MO 658084208

Title: MGRM () Delete
Name: HOPKINS, DARREL
Address: 2740 N MAYFAIR
City-St-Zip: SPRINGFIELD, MO 65803

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOW, ROBERT E
Address: PO BOX 4208
City-St-Zip: SPRINGFIELD, MO 658084208

Title: MGRM (X) Change () Addition
Name: LOW, LAWANA L
Address: PO BOX 4208
City-St-Zip: SPRINGFIELD, MO 658084208

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HOPKINS, DARREL
Address: 2740 N MAYFAIR
City-St-Zip: SPRINGFIELD, MO 65803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATRICIA HICKS

MGR

07/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date