

M060000006195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900187074729

10/26/10--01013--025 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 26 AM 11:17

T. HAMPTON

OCT 27 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Retail Property Management, 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:

Jeff Graves

Name of Person

NRAI Corporate Services

Firm/Company

200 West Adams Street

Address

Chicago, IL 60606

City/State and Zip Code

jgraves@nrai.com

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

For further information concerning this matter, please call:

Jeff Graves

Name of Person

at (312)

346-3606

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



NRAI CORPORATE SERVICES

An NRAI Solutions Company

Corporate Filing Transmittal Form

To:	Florida Department of State - Division of Corporations	From:	Jeff Graves
Order #:	IL20104459	Date:	Oct 21, 2010

Target Name	Dom Juris
Prime Retail Property Management, LLC	DE

Attached for filing, please find the following:

STATEMENT OF CHANGE

Type of Service:

<input type="checkbox"/> Same Day	<input type="checkbox"/> 24 Hour	<input checked="" type="checkbox"/> Routine	<input type="checkbox"/> Other:
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Please return the original evidence to the following:

Jeff Graves
NRAI Corporate Services, Inc.
200 West Adams Street, Suite 2007
Chicago, IL 60606

Special Instructions/Notes:

Hello-

Please file the attached Statement of Change accordingly, we have attached the necessary fee in the amount of \$25. We have also attached a self-addressed stamped envelope for your convenience. If you have any questions, please don't hesitate to contact me.

Thanks,


Jeffrey R. Graves

Please Send Via:

<input type="checkbox"/> Email: jgraves@nrai.com	<input type="checkbox"/> Fax: (312) 346-3607	<input type="checkbox"/> FedEx: Acct # 2218-5555-8	<input checked="" type="checkbox"/> Mail
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Please contact us at (800) 934-2556 with any questions, problems or delays. Thank you for your assistance!

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: PARAGON RETAIL PROPERTY MANAGEMENT LLC

2. (a) Principal office address of limited liability company: ATTN: LYNETTE

☒ (Note: **MUST BE STREET ADDRESS**)

1985 CEDAR BRIDGE AVE
LAKEWOOD NJ 08701

(b) Mailing address of limited liability company: ATTN: LYNETTE

☒ (Note: **MAY BE POST OFFICE BOX**)

1985 CEDAR BRIDGE AVE
LAKEWOOD NJ 08701

11/06/2006

3. Date of filing/registration in Florida

M06000006195

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CT Corporation System

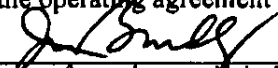
Registered Office Address: 1200 South Pine Island
Plantation, FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: NRAI Services, Inc.

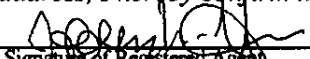
NEW Registered Office Address: 2731 Executive Park Drive, Suite 4
(MUST BE FLORIDA STREET ADDRESS) Weston, FL 33331

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.


Signature of a member or authorized representative of a member

James M. Barkley, Secretary "Authorized Representative"
Printed or typed name of signee

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 608, 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.


Signature of Registered Agent, Asst. Sec.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
OCT 26 11:17
SECRETARY OF STATE
DIVISION OF CORPORATIONS