

0025755 AL-

1. Entity Name
PRIME-MUBEN, LLC

FILED

01 FEB 14 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[illegible]

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 23-2812090		Applied For	
Zip		Country		5. Certificate of Status Desired		Not Applicable	
						<input checked="checked" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
BRANDYWINE FINANCIAL SERVICES CORPORATION BRUCE E. MOORE 2637 MCCORMICK DR. CLEARWATER FL 33759	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.

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 Department of State

9.		MANAGING MEMBERS / MEMBERS	10.		ADDITIONS / CHANGES
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	MGRM FAIRVIEW CORPORATION 2 POND'S EDGE DRIVE CHADDS FORD PA 19317	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"/> Delete	MGRM PARKEMORE CORPORATION 2 POND'S EDGE DRIVE CHADDS FORD PA 19317	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5000003708505--2 -02/19/01--00000000 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone #

CR2E083 (11/00)