

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M98000000934

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** PRIME ONE CAPITAL COMPANY, L.L.C.

**Current Principal Place of Business:**

6131 LYONS ROAD  
SUITE 101  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

4613 NORTH UNIVERSITY DRIVE  
U-582  
CORAL SPRINGS, FL 33067 US

**Current Mailing Address:**

6131 LYONS ROAD  
SUITE 101  
COCONUT CREEK, FL 33073

**New Mailing Address:**

4613 NORTH UNIVERSITY DRIVE  
U-582  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 91-1920550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BORZILLERI, THOMAS MGRM  
6131 LYONS ROAD  
SUITE 101  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

BORZILLERI, THOMAS CEO  
4613 NORTH UNIVERSITY DRIVE  
U-582  
CORAL SPRINGS, FL 33067 US

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: THOMAS BORZILLERI

02/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: BORZILLERI, THOMAS  
Address: 4613 NORTH UNIVERSITY DRIVE, U-582  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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: THOMAS BORZILLERI

CEO

02/08/2012

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