

Pd0000617888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT:

PRIME USA VACATIONS, PA

(Change of Address)

Name of Corporation

DOCUMENT NUMBER:

P06000017888

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Harolt Dorta

Name of Contact Person

Prime USA Vacations

Firm/Company

1507 S. HIAWASSEE RD. SUIT 211

Address

ORLANDO, FL. 32835

City/State and Zip Code

harolt.dorta@hotmail.com

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

For further information concerning this matter, please call:

Harolt Dorta

Name of Contact Person

at

(407) 209-7247

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

12 NOV -7 AM 11:04

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2012

HAROLD DORTA  
PRIME USA VACATIONS, PA  
1507 S. HIAWASSEE RD. SUITE 211  
ORLANDO, FL 32835 US

SUBJECT: PRIME USA VACATIONS, PA  
Ref. Number: P06000017888

We have received your document for PRIME USA VACATIONS, PA and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document submitted is for a Florida limited liability company.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 512A00025822

... **STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PRIME USA VACATIONS
2. The principal office address: 1507 S. HIAWASSEE RD. SUITE 211  
ORLANDO, FL 32835
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/03/2006 Document number: P06000017888

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Harolt Dorta  
255 Knightsbridge Cir.  
Davenport, FL 33896

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Harolt Dorta  
12755 Holdenbury Ln.  
Windermere, FL 34786

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Harolt Dorta / officer  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

11/4/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)