

LISUULLL 2286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

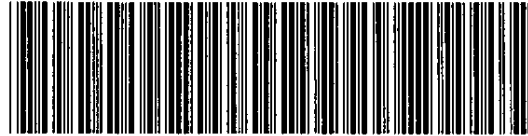
(Business Entity Name)

(Document Number)

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AUG 11 2015

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PRIME PROPERTIES, FLORIDA, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Cornett

\_\_\_\_\_  
Name of Person

PRIME PROPERTIES FLORIDA, LLC

\_\_\_\_\_  
Firm/Company

2104 White Tail Trail

\_\_\_\_\_  
Address

Lakeland, Florida 33811

\_\_\_\_\_  
City/State and Zip Code

www.PrimePropertiesFlorida@gmail.com

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

For further information concerning this matter, please call:

Joe Cornett

863

286-7889

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

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

**STREET/COURIER ADDRESS:**

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

AUG 10 1968  
CLERK OF COURT  
STATE OF NEW JERSEY  
TREASURY DEPARTMENT  
HARRISON, N.J.

Office of New Registered Agents

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michelle Whitehurst	2104 White Tail Trl. Lakeland, FL. 34051	<input type="checkbox"/> Add
	<i>Michelle Whitehurst</i>		<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2015 AUG 10 P 4:18  
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TAMMASEE, FLORIDA

E. Effective date, if other than the date of filing: June 1, 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 15, 2015 August 7 2015

Joe W. Cornett Signature of a member or authorized representative of a member

Joe W. Cornett Typed or printed name of signee

Michelle Whitehurst