

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000113547

**Entity Name:** PRIME PROPERTIES OF NE FLORIDA, LLC

**Current Principal Place of Business:**

10030 EW PAPPY RD  
# 2117  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

PO BOX 10104  
FLEMING ISLAND, FL 32006 US

**FEI Number:** 26-3914521

**Certificate of Status Desired:** Yes

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

GOOD, MARK A  
10030 EW PAPPY RD  
# 2117  
JACKSONVILLE, FL 32259 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOOD, MARK A  
Address 10030 EW PAPPY RD. SUITE 2117  
City-State-Zip: JACKSONVILLE FL 32259

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARK A GOOD

**MANAGER**

**02/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date