

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000025252

Entity Name: PRIMATES LLC

Current Principal Place of Business:

5353 FLORA AVE
HOLIDAY, FL 34690

Current Mailing Address:

5353 FLORA AVE
HOLIDAY, FL 34690

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZERVOS, ASTEROPI T
5353 FLORA AVE
HOLIDAY, FL 34690 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 MGRM
Name TSALICKIS, MICHAEL D
Address 113 1/2 HOPE STREET
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM
Name ZERVOS, ASTEROPI T
Address 5353 FLORA AVE
City-State-Zip: HOLIDAY FL 34690

Title MGR
Name GAUSE, KRISULA T
Address 208 HIGH STREET
City-State-Zip: TARPON SPRINGS FL 34689

Title MGR
Name TSALICKIS, DIMITRIOS
Address 722 NORTHLAKE BLVD
City-State-Zip: TARPON SPRINGS FL 34689

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASTEROPI T ZERVOS

MGRM

03/22/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date