

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000177515

**Entity Name:** PRIME RESTORATION, LLC

**Current Principal Place of Business:**

2720 PARK STREET  
STE. 213  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

2720 PARK STREET  
STE. 213  
JACKSONVILLE, FL 32205

**FEI Number:** 46-4529104

**Certificate of Status Desired:** No

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

YOKAN, MICHAEL R  
2720 PARK STREET  
STE. 213  
JACKSONVILLE, FL 32205 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:** MICHAEL YOKAN

11/30/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RICHARDSON, STEPHEN M  
Address 2822 ST JOHNS AVE.  
City-State-Zip: JACKSONVILLE FL 32205

Title MGRM  
Name YOKAN, MICHAEL R  
Address 2720 PARK STREET, STE. 213  
City-State-Zip: JACKSONVILLE FL 32205

*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:** STEPHEN M RICHARDSON

MGRM

11/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date