

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000229666

Entity Name: PRIME STRATEGIES OF D.C., LLC**Current Principal Place of Business:**108 SOUTH MONROE STREET
TALLAHASSEE, FL 32301-1584**Current Mailing Address:**108 SOUTH MONROE STREET
TALLAHASSEE, FL 32301-1584**FEI Number:** 81-4843722**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AUSLEY & MCMULLEN, P.A.
C/O ROBERT A. PIERCE
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301-1517 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	MANAGER
Name	BARRETO, RODNEY
Address	235 CATALONIA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	MAY, BRIAN
Address	235 CATALONIA AVE
City-State-Zip:	CORAL GABLES FL 33134

Title	MANAGER
Name	DUDLEY, CHARLES
Address	108 S MONROE ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	MANAGER
Name	MALOY, PATRICK
Address	1512 EAST BROWARD BLVD. 101
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	MANAGER
Name	GUZZO, GARY
Address	108 S MONROE ST.
City-State-Zip:	TALLAHASSEE FL 32301

Title	MANAGER
Name	CHAMIZO, JORGE
Address	108 S MONROE ST
City-State-Zip:	TALLAHASSEE FL 32301

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: CHARLES DUDLEY

MANAGER

01/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date