LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 000000 8393

TRANSPREMIER LLC



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90013 027 ****55.00

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2. Principal Place of Business
13348 TWIN WOOD LN
Suite, Apt. #, etc.
2108
3. Mailing Address
13348 TWIN WOOD LN
Suite, Apt. #, etc.
2108

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO, FL
ORLANDO, FL
Zip
32837
Country
Sip
32837
Country
Count

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent							
Name GUARNIZO, SE	RGiO.						
Street Address (P.O. Box Number is Not Acc	ceptable) + 2108						
City ORLANDO	FL Zip God 837						

8.	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. I am far	miliar with,	and accept
	the obligations of registered agent.		·

the obligations of registered agent.

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUF BY MAY 1

DUE BY MAY 1									
9.	MANAGING MEMBERS/MANAGERS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUARNIZO SERGIO 13348 TWIN WOOD LN #2108 ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information cumpled with the filling does not guillify for the	TITLE NAME STREET ADDRESS DITY-ST-ZIP							

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

20 03 321-228-6

Daytime Phone #

CB2E083B (12/0/