

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010870

Entity Name: PREMIER INSURANCE, LLC**Current Principal Place of Business:**4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103**Current Mailing Address:**4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103**FEI Number:** 65-1041752**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREGORY, C. NEIL
4001 TAMiami TRAIL N., STE 250
NAPLES, FL 34103 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	P
Name	HORNBECK, HUNTLEY JR
Address	4200 GULF SHORE BLVD., N
City-State-Zip:	NAPLES FL 34103

Title	MGRM
Name	LUTGERT, SCOTT F
Address	4200 GULF SHORE BLVD., N
City-State-Zip:	NAPLES FL 34103

Title	MGRM
Name	BENZA, STEPHEN
Address	4200 GULF SHORE BLVD., N
City-State-Zip:	NAPLES FL 34103

Title	MGRM
Name	WILLIAMS, MARCUS
Address	4200 GULF SHORE BLVD., N
City-State-Zip:	NAPLES FL 34103

Title	MGRM
Name	BAKER, RICHARD J
Address	4200 GULF SHORE BLVD., N
City-State-Zip:	NAPLES FL 34103

Title	MGRM
Name	GUTMAN, HOWARD B
Address	4200 GULF SHORE BLVD., N
City-State-Zip:	NAPLES FL 34103

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: HOWARD B. GUTMAN**MGRM****04/18/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date