

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067226

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC9311101236**

**Entity Name:** PREMIERE RELOCATION SERVICES LLC

**Current Principal Place of Business:**

18101 COLLINS AVENUE,  
UNIT 4904  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

18101 COLLINS AVENUE,  
UNIT 4904  
SUNNY ISLES, FL 33160 US

**FEI Number:** 27-0576807

**Certificate of Status Desired:** No

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

KOBA, KOBERIDZE  
500 THREE ISLANDS BLVD  
105  
AVENTURA, FL 33009 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:** KOBA KOBERIDZE

04/29/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KOGUASHVILI, KAKHABER G  
Address 18101 COLLINS AVENUE,  
UNIT 4904  
City-State-Zip: SUNNY ISLES FL 33160

Title MANEGER  
Name KOBA, KOBERIDZE  
Address 500 THREE ISLANDS BLVD  
APT 105  
City-State-Zip: HALLANDALE FL 33009

*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:** KAKHABER KOGUASHVILI

P

04/29/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date