

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000119018

**Entity Name:** PREMIER STUDENT LIVING LLC

**Current Principal Place of Business:**

2195 MALIBU LAKES CIRCLE  
#1128  
NAPLES, FL 34119

**Current Mailing Address:**

111 N. 9TH STREET  
CHENEY, WA 99004 US

**FEI Number:** 20-5181420

**Certificate of Status Desired:** No

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

THOMPSON, CLIFF C  
2195 MALIBU LAKES CIRCLE  
#1128  
NAPLES, FL 34119 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 MGRM  
Name THOMPSON, CLIFF C  
Address 2195 MALIBU LAKE CIRCLE  
APT. 1128  
City-State-Zip: NAPLES FL 34119

Title MGRM  
Name THOMPSON, TERRI L  
Address 2195 MALIBU LAKE CIRCLE  
APT. 1128  
City-State-Zip: NAPLES FL 34119

*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:** CLIFFORD THOMPSON

MGR

03/08/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date