

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000097682

**Entity Name:** PB PUBLISHERS ASSOCIATION, LLC

**Current Principal Place of Business:**

2603 NW 13 STREET  
PMB 302  
GAINESVILLE, FL 32609

**FILED**  
**Feb 08, 2017**  
**Secretary of State**  
**CC9851926856**

**Current Mailing Address:**

2603 NW 13 STREET  
PMB 302  
GAINESVILLE, FL 32609 US

**FEI Number: 30-0790675**

**Certificate of Status Desired: No**

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

PREMIER BRIDE OF NORTH & CENTRAL FLORIDA  
2603 NW 13 STREET  
PMB 302  
GAINESVILLE, FL 32609 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: JACK EDMONDS**

**02/08/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEFILES HOLDING GROUP, LLC  
Address 4691 DUSK COURT  
City-State-Zip: JACKSONVILLE FL 32207

Title MGRM  
Name PREMIER PUBLICATIONS INC.  
Address 1716 MILWAUKEE STREET  
City-State-Zip: DELAFIELD WI 53018

Title MGRM  
Name PREMIER BRIDE MID ATLANTIC LLC  
Address 13600 BARDON ROAD  
City-State-Zip: PHOENIX MD 21131

Title MGRM  
Name DSH MARKETING CORPORATION  
Address 45 PRESCOTT STREET, SUITE 2  
City-State-Zip: MEDFORD MA 02155

Title MGRM  
Name PREMIER PUBLISHING INC.  
Address P.O. BOX 718  
City-State-Zip: RIDGELAND MS 39158

Title MGRM  
Name PREMIER MARKETING  
Address 7075 N. WEST AVENUE  
City-State-Zip: FRESNO CA 93711

Title MGRM  
Name EDMONDS, JACK  
Address 2603 NW 13TH ST.  
PMB #302  
City-State-Zip: GAINESVILLE FL 32609

Title MGRM  
Name SUPERIOR COLOR PUBLICATIONS, INC.  
Address 36107 ROYCROFT  
City-State-Zip: LIVONIA MN 48154

**Continues on page 2**

*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: LYNDA JUNGKIND**

**TREASURER**

**02/08/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MGRM  
Name NINSCOT MARKETING CORP.  
Address 35 TULIP AVENUE  
SUITE #20263  
City-State-Zip: FLORAL PARK NY 11001

Title MGRM  
Name CNG LIMITED LLC  
Address 3043 5TH STREET  
City-State-Zip: VOORHEES NJ 08043

Title MGRM  
Name HARRISBURG MAGAZINE, INC.  
Address 3400 NORTH 6TH STREET  
City-State-Zip: HARRISBURG PA 17110

Title MGRM  
Name BLUE IRIS PUBLISHING  
Address 1850 OAKRIDGE ROAD  
City-State-Zip: NEENAH WI 54956