

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000168306

**Entity Name:** PREMIUM COUNSELING GROUP, LLC

**Current Principal Place of Business:**

3501 WEST VINE STREET  
SUITE 352  
KISSIMMEE, FL 34741-4649

**Current Mailing Address:**

3501 WEST VINE STREET  
SUITE 352  
KISSIMMEE, FL 34741 US

**FEI Number:** 47-5432912

**Certificate of Status Desired:** No

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

CINTRON, ILEANA  
13841 TEA ROSE DRIVE  
ORLANDO, FL 32828 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           MANAGER  
Name           DAVILA, FELIX  
Address       13841 TEA ROSE DRIVE  
City-State-Zip: ORLANDO FL 32828

Title           MANAGER  
Name           DAVILA, LILEANA  
Address       13841 TEA ROSE DRIVE  
City-State-Zip: ORLANDO FL 32828

*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:** LILEANA DAVILA

**MANAGER**

**03/06/2018**

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

\_\_\_\_\_  
Date