

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000310166

**Entity Name:** PREMIUM REFERRAL SERVICES, LLC

**Current Principal Place of Business:**

6200 METROWEST BLVB.  
205  
ORLANDO, FL 32835

**Current Mailing Address:**

POBOX 608903  
ORLANDO, FL 32860 US

**FEI Number: 87-1573093**

**Certificate of Status Desired:** Yes

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

AUGUSTIN, NEREE  
6200 METROWEST BLVB.  
205  
ORLANDO, FL 32835 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 MGR  
Name AUGUSTIN , NEREE  
Address 6200 METROWEST BLVB  
205  
City-State-Zip: ORLANDO FL 32835

*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:** NEREE AUGUSTIN

MGR

02/28/2024

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

\_\_\_\_\_  
Date