

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000288398

**Entity Name:** PREMIUM BROKERAGE SERVICES LLC

**Current Principal Place of Business:**

15017 NORTH DALE MABRY HIGHWAY  
SUITE #1020  
TAMPA, FL 33618

**Current Mailing Address:**

15017 NORTH DALE MABRY HIGHWAY  
SUITE #1020  
TAMPA, FL 33618 US

**FEI Number:** 88-3004501

**Certificate of Status Desired:** No

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

WHITE, OCTAVIA D  
15017 NORTH DALE MABRY HIGHWAY  
SUITE 1020  
TAMPA, FL 33618 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	Title	AR
Name	WHITE, OCTAVIA D	Name	GEE, BRADLEY T
Address	15017 NORTH DALE MABRY HIGHWAY SUITE 1020	Address	15017 NORTH DALE MABRY HIGHWAY
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618

*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:** OCTAVIA WHITE

**MANAGER**

**04/30/2023**

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

\_\_\_\_\_  
Date