

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *L 60000011856*

1. Entity Name

PREMIUM ESTATE LIQUIDATORS, LLC

FILED

Principal Place of Business

1 SOUTH SCHOOL AVE. #302
SARASOTA, FLORIDA 34237

Mailing Address

SAME

01 AUG -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

1 SOUTH SCHOOL AVE.
Suite, Apt. #, etc.
#302

3. Mailing Address

SAME

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FLORIDA

City & State

4. FEI Number

65-1045298

Applied For

Not Applicable

Zip

34237

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Susan Barrett Hecter
200 South Orange Avenue
Sarasota, Florida 34236

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President ☐ Delete
NAME Bonnie Caplan
STREET ADDRESS 7410 Pearlbus Lane
CITY-ST-ZIP Sarasota, Fl 34242

TITLE ☐ Change ☐ Addition
NAME 400004536734-5
STREET ADDRESS -08/15/01--01072--020
CITY-ST-ZIP *****50.00 *****50.00

TITLE Secretary ☐ Delete
NAME Karin Gustafson
STREET ADDRESS One S. School Ave. #302
CITY-ST-ZIP Sarasota, Fl 34237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☐ Delete
NAME Joan Wilson
STREET ADDRESS 3916 Country View Dr.
CITY-ST-ZIP Sarasota, Fl 34233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Karin Gustafson

Date

Daytime Phone #

(941) 951-1336

CR2E083 (11/00)