

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000011856

1. Entity Name
PREMIUM ESTATE LIQUIDATORS, LLC



Principal Place of Business

8251 15TH STREET E
UNIT 1/K
SARASOTA, FL 34243

Mailing Address

ONE S. SCHOOL AVE., #301
SARASOTA, FL 34237



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1045298

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HECKER, SUSAN B
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

000000279458
03/28/05-80068-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HARDIN, DONNA J
STREET ADDRESS	4604 CORAL BLVD.
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	S
NAME	GUSTAFSON, KARIN
STREET ADDRESS	1 SOUTH SCHOOL AVENUE, #302
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	T
NAME	WILSON, JOAN
STREET ADDRESS	3916 COUNTRY VIEW DR.
CITY-ST-ZIP	SARASOTA, FL 34233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(941) 951-1336