


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000011856 1. Entity Name PREMIUM ESTATE LIQUIDATORS, LLC	
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Principal Place of Business 8251 15TH STREET E UNIT 1/K SARASOTA, FL 34243	Mailing Address ONE S. SCHOOL AVE., #301 SARASOTA, FL 34237
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DO NOT WRITE IN THIS SPACE



02222006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1045298	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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03/14/06-80007-021 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Wendy E. Gentry

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

2/24/06

Date

941.951.2916

Daytime Phone #

X1604