

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L00000011856

1. Entity Name

PREMIUM ESTATE LIQUIDATORS, LLC



Principal Place of Business

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

Mailing Address

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



03222007No Chg-LLC

CR2E083 (11/05)

**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, 2007**

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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04/05/07-80021-014 55.00

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IN THIS SPACE**

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:

*Karin E. Gustafson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*3/26/07*  
Date

Daytime Phone #

*KARIN E. GUSTAFSON*