

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-13-2002 90203 004 ****50.00

DOCUMENT # **LO1000005083**

1. Entity Name

PREMIER CLEANING, LLC

Principal Place of Business

**219 MOONLIGHT BAY DRIVE
 PANAMA CITY BEACH FL 32407
 US**

Mailing Address

**219 MOONLIGHT BAY DRIVE
 PANAMA CITY BEACH FL 32407
 US**

34593

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3717222

Applied For

Not Applicable

6. 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

**MONCRIEF, JACKIE L
 219 MOONLIGHT BAY DRIVE
 PANAMA CITY BEACH FL 32407**

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

Jackie L. Moncrief

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME **Jackie Moncrief** ☐ Delete
 STREET ADDRESS **Owner**
 CITY-ST-ZIP **219 moonlight Bay Dr.**

☐ Change ☐ Addition

TITLE NAME **Panama City Beach** ☐ Delete
 STREET ADDRESS **FL 32407**
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
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☐ Change ☐ Addition

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Jackie L. Moncrief

4/29/02

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

Date

Daytime Phone #

CR2E083 (9/01)