

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90010 050 ****50.00

DOCUMENT # L01000012735 1. Entity Name PREMIERE CONSULTING AND APPRAISAL SERVICES, LLC			
Principal Place of Business 22 CROSSBOW COURT PALM COAST, FL 32137		Mailing Address 22 CROSSBOW COURT PALM COAST, FL 32137	
2. Principal Place of Business 1 Florida Park Drive N Suite 105-C Palm Coast FL 32137		3. Mailing Address 1 Florida Park Drive N Ste 105-C Palm Coast FL 32137	
4. FEI Number 91-2144324		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent PALMER, GAIL MOSER 22 CROSSBOW COURT PALM COAST, FL 32137	
7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gail M Palmer</u> DATE <u>7/5/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM: PALMER, GAIL M 22 CROSSBOW COURT PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Gail M Palmer</u> <u>7/5/04</u> <u>386-447-9007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

14024901



PREMIERE CONSULTING & APPRAISAL SVC, LLC
 22 CROSSBOW COURT
 PALM COAST, FL 32137
 (386) 447-9007

PEOPLES FIRST COMMUNITY BANK

63-9022/2632

7/5/2004

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Florida Department of State

Fifty and 00/100 ***** DOLLARS *****

Florida Department of State

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