

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90413 011 ****50.00

DOCUMENT # L01000014765

1. Entity Name
PREMIER ASSET LEASING, LLC



Principal Place of Business
**5308 CENTRAL AVE
ST PETERSBURG, FL 33707**

Mailing Address
**5308 CENTRAL AVE
ST PETERSBURG, FL 33707**

24044290



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

59-3737890

Not Applicable

Zip

Country

Zip

Country

5. 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

**Kline
HAJEK, MICHELLE A
5308 CENTRAL AVE
ST PETERSBURG, FL 33707**

Name **Michelle Kline**

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

Michelle Kline

4/12/4

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
ALLYNEHAJEK, MICHELLE
5308 CENTRAL AVE
ST PETERSBURG, FL 33707**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Michelle Kline

☒ Change ☐ 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:

Michelle Kline

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

Date

4/12/4

Daytime Phone #