


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90085 039 \*\*\*\*50.00

<b>DOCUMENT # L01000021376</b>	
1. Entity Name <b>PREMIUM SERVICES REFRIGERATION COMPANY, LLC</b>	

Principal Place of Business <b>3357 GARBER DRIVE TALLAHASSEE, FL 32303</b>	Mailing Address <b>P.O. BOX 38357 TALLAHASSEE, FL 32315</b>
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052008 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3351316</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
<b>HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606</b>	

7. Name and Address of New Registered Agent	
Name <b>Terry W. Forrest</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3357-4 GARBER DR.</b>	
City <b>TALLAHASSEE</b>	FL Zip Code <b>32303</b>

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 <b>Terry W. Forrest</b>	<b>TERRY W FORREST</b>	DATE <b>7-5-06</b>
-----------------------------------	------------------------	--------------------

<b>Filing Fee is \$50.00 Due by September 8, 2006</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORREST, TERRY W 306 BEAVER LAKE RD. TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DARREN L. MIDYETTE 6211 NADINE RD PANAMA, CITY FL. 32404 <input type="checkbox"/> Change <input checked="" 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
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
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

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: <b>Terry W. Forrest</b>	DATE <b>7-5-06</b>	DAYTIME PHONE # <b>850 4255055</b>
------------------------------------	--------------------	------------------------------------