

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90110 027 \*\*\*\*50.00

**DOCUMENT # L02000025125**

1. Entity Name

**PREMIER CONTRACTING, LLC**



Principal Place of Business  
**2820 TEMPLE HILL RD.  
LADY LAKE FL 32159**

Mailing Address  
**PO BOX 165  
FRUITLAND PARK FL 34731**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/04)

4. FEI Number

**04-3713952**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GAMBLE, ADAM H  
2144 W. MILLER ST.  
FRUITLAND PARK FL 34731**

7. Name and Address of New Registered Agent

Name

**GAMBLE, ADAM H.**

Street Address (P.O. Box Number is Not Acceptable)

**4216 WILLIAMS ST**

City

**FRUITLAND PARK**

FL

Zip Code

**34731**

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

*Adam H. Gamble*

**ADAM H. GAMBLE**

TITLE: **OPERATING MANAGER**

**04-25-05**

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 Florida Department of State**

**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **GAMBLE, ADAM H**  
STREET ADDRESS **2144 WEST MILLER STREET**  
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE **MGR** ☐ Delete  
NAME **GAMBLE, WILLIAM R IV**  
STREET ADDRESS **2144 WEST MILLER STREET**  
CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **GAMBLE, ADAM H.**  
STREET ADDRESS **4216 WILLIAMS ST.**  
CITY-ST-ZIP **FRUITLAND PARK, FL 34731**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **GAMBLE, WILLIAM R. IV**  
STREET ADDRESS **30425 ORANGE DR.**  
CITY-ST-ZIP **LEESBURG, FL. 34748**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Adam H. Gamble*

**ADAM H. GAMBLE**

**04-25-05**

**352-751-7050**

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

Date

Daytime Phone #