

2003 LIMITED LIABILITY COMPANY STATE OF FLORIDA
L02000025125

0020672

DOCUMENT # L02000025125

1. Entity Name
PREMIER CONTRACTING, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 20 PM 2:07

Principal Place of Business

2144 WEST MILLER STREET
FRUITLAND PARK FL 34731

Mailing Address

2144 WEST MILLER STREET
FRUITLAND PARK FL 34731

2. Principal Place of Business

2820 TEMPLE HILL RD.

3. Mailing Address

P.O. BOX 165

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

LADY LAKE, FL.

City & State

FRUITLAND PARK, FL

Zip

32159

Country

LAKE

Zip

34731

Country

LAKE

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

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145

Name

ADAM H. GAMBLE

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

2144 W. MILLER STREET

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10-17-03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000024025680
CITY-ST-ZIP 10/23/03--01003--001 **150.00

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **REINSTATEMENT 2003**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Oct 10/20**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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

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

10-17-03 (352) 516-6809

Date

Daytime Phone #

CR2E083 (4/03)