

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029737

FILED
May 01, 2007
Secretary of State

Entity Name: PREMIER FOODSERVICE, LLC

Current Principal Place of Business:

7730 NW 72 AVENUE
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7730 NW 72 AVENUE
MIAMI, FL 33166

New Mailing Address:

FEI Number: 01-0795738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JULIA, ROBERT J
7730 NW 72 AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JULIA, ROBERT J
Address: 7730 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: SOCARRAS, RASCIEL
Address: 2151 NW 13TH AVENUE
City-St-Zip: MIAMI, FL 33142

Title: MGR () Delete
Name: BIRNBAUM, BART
Address: 7730 NW 72ND AVENUE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT JULIA

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date