

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90225 006 ***138.75

DOCUMENT # L03000033644

1. Entity Name
PREMIUM SHOPPES, LLC



Principal Place of Business
**5728 MAJOR BLVD., STE. 601
ORLANDO, FL 32819**

Mailing Address
**5728 MAJOR BLVD., STE. 601
ORLANDO, FL 32819**

60022521

2. Principal Place of Business, No P.O. Box #
7932 W. Sand Lake Rd.

2. Mailing Address
7932 W. Sand Lake Rd.

Suite #
Suite 300

Suite #, etc.
Suite 300

03112008 Chg-LLC CR2E083 (12/06)

City
Orlando, FL

City
Orlando, FL

4. FEI Number
11-3702445

Applied For
Not Applicable

Zip
32819

Country

Zip
32819

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

**HODGE, RANDALL R
5728 MAJOR BLVD., STE. 601
ORLANDO, FL 32819**

Name

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

**7932 W. Sand Lake Rd. Ste 300
Orlando, FL 32819**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KHATID, RASHID A
5728 MAJOR BLVD STE #601
ORLANDO, FL 32819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**7932 W. Sand Lake Rd. Ste 300
Orlando, FL 32819** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BOYD, SCOTT T
7586 WEST SAND LAKE RD
ORLANDO, FL 32819** ☐ Delete

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

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

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

Date

Daytime Phone #

4/14/08

407-354-2200