

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000018381

1. Entity Name  
PREMIUM INVESTMENTS OF FLORIDA, LLC



Principal Place of Business  
5600 COLLINS AV.  
MIAMI BEACH, FL 33140

Mailing Address  
5600 COLLINS A.  
5R  
MIAMI BEACH, FL 33140

FILED

08 SEP 17 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
57-1201047

Applied For  
Not Applicable

Zip

Country

Zip

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

SARDINAS, ELOY  
ELOY SARDINAS  
5600 COLLINS AV.  
MIAMI BEACH, FL 33140

Name

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

City

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  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SARDINAS, ELOY  
5600 COLLINS AV.  
MIAMI BEACH, FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300136148443  
09/19/08--01040--002 \*\*143.75

TITLE  
NAME  
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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

9/12/08

Date

305-856-0056

Daytime Phone #