

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022456

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** PREMIER INTEGRATED SOLUTIONS, LLC

**Current Principal Place of Business:**

204 GALE LANE, P.O. BOX 69  
KENNETT SQUARE, PA 19348

**New Principal Place of Business:**

4661 OAK FAIR BLVD.  
TAMPA, FL 33610

**Current Mailing Address:**

204 GALE LANE, P.O. BOX 69  
KENNETT SQUARE, PA 19348

**New Mailing Address:**

204 GALE LANE  
KENNETT SQUARE, PA 19348

FEI Number: 55-0861249      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:**

MOORHEAD, ROBERT  
4661 OAK FAIR BLVD.  
TAMPA, FL 33610      US

**Name and Address of New Registered Agent:**

HARDIN, PATRICIA OFF MGR  
4661 OAK FAIR BLVD.  
TAMPA, FL 33610      US

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: PATRICIA HARDIN

07/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MUSSER, THOMAS  
Address: 204 GALE LANE  
City-St-Zip: KENNETT SQUARE, PA 19348

Title: MGR      ( ) Delete  
Name: HORN, JAMES  
Address: 204 GALE LANE  
City-St-Zip: KENNETT SQUARE, PA 19348

**ADDITIONS/CHANGES:**

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

Title: CFO      (X) Change ( ) Addition  
Name: GOSE, ROBERT  
Address: 206 GALE LANE  
City-St-Zip: KENNETT SQUARE, PA 19348

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 GOSE

CFO

07/07/2008

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