

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022456

FILED
Feb 14, 2009
Secretary of State

Entity Name: PREMIER INTEGRATED SOLUTIONS, LLC

Current Principal Place of Business:

4661 OAK FAIR BLVD.
TAMPA, FL 33610

New Principal Place of Business:

204 GALE LANE
KENNETT SQUARE, PA 19348

Current Mailing Address:

204 GALE LANE
KENNETT SQUARE, PA 19348

New Mailing Address:

PO BOX 69
KENNETT SQUARE, PA 19348

FEI Number: 55-0861249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARDIN, PATRICIA OFF MGR
4661 OAK FAIR BLVD.
TAMPA, FL 33610 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: MUSSER, THOMAS
Address: 204 GALE LANE
City-St-Zip: KENNETT SQUARE, PA 19348

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

ADDITIONS/CHANGES:

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 GOSE

VP-C

02/14/2009

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