


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000024106 1. Entity Name PREMIEREHR, LLC					
Principal Place of Business 220 EAST CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 220 EAST CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DICKS, JACK W 220 EAST CENTRAL PARKWAY SUITE 1020 ALTAMONTE SPRINGS, FL 32701				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between; margin-top: 10px;"> FL Zip Code </div>	
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 rehashing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKS, JACK W		NAME		
STREET ADDRESS	220 EAST CENTRAL PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	SUITE 1020, FL 32701		CITY-ST-ZIP	400000532437 05/06/06-811184-1111 511 111	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0934095

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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 _____