

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR 31 AM 11:37

DOCUMENT # L05000020394 1. Entity Name PREMIER PARTNERS MARKETING, LLC		DIVISION OF CORPORATE 09 MAR 31 AM 11:37																									
Principal Place of Business 7040 W. PALMETTO PARK ROAD SUITE 106 BOCA RATON, FL 33433		Mailing Address 7040 W. PALMETTO PARK ROAD SUITE 106 BOCA RATON, FL 33433																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																									
4. FE Number NOT APPLICABLE 75 3160498		Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03022009 REIN-LLC CR2E101 (1/07)																									
6. Name and Address of Current Registered Agent CIOFFI, PATRICK JR. 7040 W. PALMETTO PARK ROAD SUITE 106 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent 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 _____ Sign name, print or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE _____																									
FILE NUMBER FEE IS \$377.50		REINSTATEMENT 2008, 2009																									
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%;"> ☐ Delete MGRM CIOFFI, PATRICK JR. 7040 W. PALMETTO PARK ROAD SUITE 106 BOCA RATON, FL 33433 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGRM CIOFFI, PATRICK JR. 7040 W. PALMETTO PARK ROAD SUITE 106 BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	10. ADDITIONS / CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 _____		2-28-09																									

STEVEN GINNS
ATTORNEY AT LAW
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(561) 338-5281
Fax: (561) 338-3696

March 24, 2009

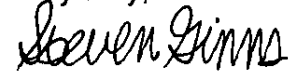
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Reinstatement Premier Partners Marketing, LLC
Document #L05000020394

Dear Division of Corporations:

Enclosed you will find the 2009 Limited Liability Company Reinstatement form for Premier Partners Marketing, LLC document #L05000020394. A trust account check for the \$377.50 filing fee is attached. After the reinstatement is filed, please return a stamped copy to my office in the envelope provided.

Very truly,



Steven Ginns

SG/bbh