

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90018 048 ****50.00

DOCUMENT # L05000028872

1. Entity Name
PREMIER ONE HOLDINGS LLC



Principal Place of Business
1426 GLENVIEW RD.
PALM HARBOR, FL 34683

Mailing Address
P.O. BOX 1672
OLDSMAR, FL 34677

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2521 409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARTMAN, TIMOTHY K
1426 GLENVIEW RD.
PALM HARBOR, FL 34683

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
HARTMAN, TIMOTHY K
1426 GLENVIEW RD.
PALM HARBOR, FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
HARTMAN, SUSAN A
1426 GLENVIEW RD.
PALM HARBOR, FL 34683 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MARIES, DAVID L
16304 COLWOOD DR.
ODESSA, FL 33556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MARIES, BRENDA L
16304 COLWOOD DR.
ODESSA, FL 33556 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Timothy K. Hartman
Timothy K. Hartman

3/29/06
Date

813-818-8418
Daytime Phone #