

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028872

FILED
Mar 20, 2009
Secretary of State

Entity Name: PREMIER ONE HOLDINGS LLC

Current Principal Place of Business:

157 STEVENS AVE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1672
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 20-2521409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIES, DAVID L
16304 COLWOOD DRIVE
ODESSA, FL 33556 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: MGRM () Delete
Name: HARTMAN, TIMOTHY K
Address: 1426 GLENVIEW RD.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Delete
Name: HARTMAN, SUSAN A
Address: 1426 GLENVIEW RD.
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: MARIES, DAVID L
Address: 16304 COLWOOD DR.
City-St-Zip: ODESSA, FL 33556

Title: MGR () Delete
Name: MARIES, BRENDA L
Address: 16304 COLWOOD DR.
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

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

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

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: DAVID L MARIES

PD

03/20/2009

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