

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076258

FILED
Mar 01, 2007
Secretary of State

Entity Name: PREMIER PROTECTION INSURANCE SERVICES, LLC

Current Principal Place of Business:

100 NW 70TH AVE, SUITE 110
PLANTATION, FL 33317 01

New Principal Place of Business:

100 NW 70TH AVE, SUITE 100
PLANTATION, FL 33317 01

Current Mailing Address:

100 NW 70TH AVE, SUITE 110
PLANTATION, FL 33317 01

New Mailing Address:

100 NW 70TH AVE, SUITE 100
PLANTATION, FL 33317 01

FEI Number: 20-3243636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRANTALIS, DEAN J
2255 WILTON DRIVE
WILTON MANORS, FL 33305 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: KATZ, GERALD P
Address: 1126 S. FEDERAL HIGHWAY, SUITE 515
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: MGRM () Delete
Name: LEVY, DOUGLAS A
Address: 100 NW 70TH AVE, SUITE 110
City-St-Zip: PLANTATION, FL 33317 01

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LEVY, DOUGLAS A
Address: 100 NW 70TH AVE, SUITE 100
City-St-Zip: PLANTATION, FL 33317 01

I hereby certify that the information supplied with this filing does not qualify for the 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: DOUGLAS A LEVY

MGRM

03/01/2007

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