


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90092 029 ****55.00

DOCUMENT # L05000097894	
1. Entity Name PRIMUS FINANCIALS LIMITED LIABILITY COMPANY	

Principal Place of Business 332 S. BRIGHTON DRIVE PORT ORANGE, FL 32127	Mailing Address 332 S. BRIGHTON DRIVE PORT ORANGE, FL 32127
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2. Principal Place of Business 2551 MAY ST.	3. Mailing Address 2551 MAY ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NEW SMYRNA BCH, FL	City & State NEW SMYRNA BCH, FL
Zip 32168	Zip 32168
Country USA	Country USA



05112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20372 2745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
KINGERY, LAURINE A 332 S. BRIGHTON DRIVE PORT ORANGE, FL 32127	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
2551 MAY ST.	
City NEW SMYRNA BCH	FL Zip Code 32168

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 Lauraine A Kingery	DATE 9-03-06
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

Filing Fee is \$50.00 Due by September 6, 2006.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINGERY, LAURINE A 332 S. BRIGHTON DRIVE PORT ORANGE, FL 32127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 2551 MAY ST. NEW SMYRNA BCH, FL 32168 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Lauraine A Kingery	DATE 9-03-06 386-663-7013
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	

ATTACHMENT 40103785

#105000097894



Lauraine Kingery

9-07-06

Please accept this late
filing.

I was in the hospital
for surgery and came
home yesterday,

Thank you!

Lauraine A. Kingery
Premier Financial LLC

Guideposts.

Everything We Do Is Ministry

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