2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101184

4686 47TH COURT

VERO BEACH, FL 32967

Address:

City-St-Zip:

Entity Name: PREMIER SERVICES LLC

FILED May 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4371 NORTHLAKE BOULEVARD #297 PALM BEACH GARDENS, FL 33410 **Current Mailing Address: New Mailing Address:** 4371 NORTHLAKE BOULEVARD #297 PALM BEACH GARDENS, FL 33410 FEI Number: 04-3834486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, JAMES A WILSON, JAMES A 1769 N CONGRESS AVE 1425 SW ARAGON AVE WEST PALM BEACH, FL 33401 US PORT ST LUICE, FL 34953 US 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: 05/02/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: WILSON, JAMES A Name: Address: 4371 NORTHLAKE BOULEVARD, #297 Address: City-St-Zip: PALM BEACH GARDENS, FL 33401 City-St-Zip: Title: MRGM () Delete Title: () Change () Addition Name: WILSON, JOSHUA Name: Address: 8232 BAYWOOD VISTA DRIVE Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: MRGM () Delete Title: () Change () Addition WILSON, LATATE Name: Name: 9176 CHANDLER AVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: WILSON, JONATHAN N Name:

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.

Address:

City-St-Zip:

SIGNATURE: JAMES A WILSON MGR 05/02/2009