

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 02, 2007 8:00 am
Secretary of State

04-18-2007 90036 039 ****50.00

DOCUMENT # L06000070277 1. Entity Name PREMIER SERVICE, LLC					
Principal Place of Business 3487 COUNTRY WALK DRIVE PORT ORANGE, FL 32129			Mailing Address 3487 COUNTRY WALK DRIVE PORT ORANGE, FL 32129		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-5404042				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04132007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent YAKLIN, PAUL 3487 COUNTRY WALK DRIVE PORT ORANGE, FL 32129			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 <u>PAUL YAKLIN</u> <u><i>Paul Yaklin</i></u> <u>4-10-07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER PAUL YAKLIN 3487 COUNTRY WALK DR PORT ORANGE FL 32129	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u><i>Paul Yaklin</i></u> <u>4-11-07</u> <u>214-1768</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					