

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097485

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** PREMIER SOLUTIONS GROUP, LLC

**Current Principal Place of Business:**

3001 SW 3RD AVENUE  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

3001 SW 3RD AVENUE  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANCHEZ-MEDINA, ROLAND JR.  
THE COLONNADE, SUITE 302  
2333 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      AS                      ( ) Change (X) Addition  
Name:                      SANCHEZ-MEDINA JR, ROLAND  
Address:                      2333 PONCE DE LEON BLVD, SUITE 302  
City-St-Zip:                      CORAL GABLES, FL 33134

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: ROLAND SANCHEZ-MEDINA JR.                      RA                      04/27/2007

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