

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90223 039 ***143.75

DOCUMENT # L07000001247 1. Entity Name PREMIER FRAMING SERVICES LLC					
Principal Place of Business 19401 VIA DEL MAR #208 TAMPA, FL 33647				Mailing Address 19401 VIA DEL MAR #208 TAMPA, FL 33647	
2. Principal Place of Business - No P.O. Box # 1943 PERIDOT CIR.		3. Mailing Address 1943 PERIDOT CIR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State KISSIMMEE, FL.		City & State KISSIMMEE, FL.		4. FEI Number 61-1515949	
Zip 34743		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ELIZONDO, ERNESTO A 19401 VIA DEL MAR #208 TAMPA, FL 33647			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELIZONDO, ERNESTO A 19401 VIA DEL MAR #208 TAMPA, FL 33647		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"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 4/3/08 Daytime Phone # 407-217-3198					