## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000001247



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

1. Entity Name PREMIER FRAMING SERVICES LLC						04-07-2008 90223 039 ***143.75					
Principal Place of Business 19401 VIA DEL MAR-#208- TAMPA, FL 33647		Mailing Address 19401 VIA DEL MAR : TAMPA, FL 33647	19401 VIA DEL MAR #208			£ (2010)	- ·	iii <b>ar</b> ii <b>ce</b> lsi 1191	. Itutt Blutt IV	<b>#8</b> 41   131   1 <b>36</b> 1	
2. Principal Place of Business - No P.O. Box #  1943 PERIDOT CIR.  Suite, Apt. #, etc.			3. Mailing Address 1943 PERIDOT CIR. Suite Apt. #. etc.								
City & State		City & State	City & State			04012008 4. FEI Numbe	Chg-LLC		3 (12/06) Ar	oplied For	
	MMEE, FL.	<del></del>	KISSIMMEE, FL.				61-1515			ot Applicable	
<sup>Zip</sup> 3474	Country USA	Zip 34743	Coun	SA		5. Certificate	of Status Desired		5.00 Add ee Require		
6. Name and Address of Current Registered Agent			.1		7	7. Name and	Address of New I	Registered A	gent		
ELIZONDO, ERNESTO A											
19401 VIA	DEL MAR #208 L-33647		Street Addres			s (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Cod	e	
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 .	Signature, typed or printed name of registered age	ant and title if applicable. (NO	TE Registere	d Agent signature r	required who	en 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 MEM	BERS/MANAGERS	10.			L	ADDITIONS	/CHANGES			
TITLE NAME	MGR ELIZONDO, ERNESTO A	☐ Delete	TITLE NAM	- i					☐ Change	Addition	
STREET ANDRESS CITY-ST, 2P	19401 VIA DEL MAR #208 TAMPA, FL 33647		STRE	ET ADDRESS -S1-ZIP							
TITLE ;		☐ Delete	TITL					-	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						}	
TITLE		Delete	ımı	<del></del>					☐ Change	Addition	
NAME STREET ADDRESS			NAM	E Et address							
CITY-ST-ZIP				-ST-ZIP							
TITLE		- Delete	TITL						Change	☐ Addition	
NAME Street Address			NAM STRE	ET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE NAME		☐ Delete	TITLE	1				1	Change	Addition	
STREET ADDRESS			STRE	ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE NAME		☐ Delete	TITLE						Change	Addition	
STREET ADDRESS		•		ET ADORESS							
CITY-ST-ZIP	certify that the information surplied w	(t) this filing does not qualify fo		-ST-ZIP motions conta	ained in C	Chapter 119	Florida Statutes 1 f	urther certify t	hat the info	rmation	
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 acquirate 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 repeting trustale empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE:  SIGNATURE AND TYPED SEPRENTED NAME OF SIGNING MANAGENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  District Phone #											