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Apr 14, 2008 8:00 am
Secretary of State
03-17-2008 90266 040 ***138.75

3/1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000005687

1. Entity Name
PREMIER HOMESITTERS LLC

30003822

Principal Place of Business	Mailing Address
P.O. BOX 380953 MURDOCK, FL 33938	941 GREAT FALLS TERRACE PORT CHARLOTTE, FL 33938

03132008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	24021 Madaca Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt 203
City & State	City & State Poet Charlotte
Zip / Country	Zip 33954 Country Charlotte

4. FEI Number 56-2633235 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUB, DARIUSZ
941 GREAT FALLS TERRACE
PORT CHARLOTTE, FL 33948

7. Name and Address of New Registered Agent

Name DARIUSZ ZUB
Street Address (P.O. Box Number is Not Acceptable) 24021 MADACA LANE Apt. 203
City PORT CHARLOTTE, FL FL Zip Code 33954

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] 3/15/08
Signature, typed or printed name of registered agent and title if applicable. (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	MgrM. DARIUSZ ZUB 24021 Madaca Lane Unit 203 PT. CHARLOTTE, FL 33954 ☐ 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
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: [signature] 3/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #