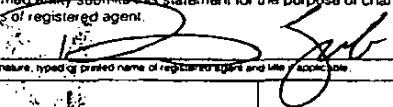
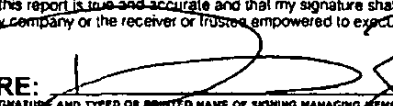


FILED
Apr 14, 2008 8:00 am
Secretary of State

3/1

03-17-2008 90266 040 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000005687			
1. Entity Name PREMIER HOMESITTERS LLC			
Principal Place of Business P.O. BOX 380953 MURDOCK, FL 33938		Mailing Address 941 GREAT FALLS TERRACE PORT CHARLOTTE, FL 33938	
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 Port Charlotte	
Zip	Country	Zip	Country
33954		33954	Charlotte
4. FEJ Number 36-2633235		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 PORT CHARLOTTE, FL 33954 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  DATE 3/15/08 (NOTE: Registered Agent signature required when registering)			
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. DARIUSZ ZUB 24021 Madaca Lane Pt. CHARLOTTE, FL 33954		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	
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:  DATE 3/15/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			