

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005687

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

**Entity Name:** PREMIER HOMESITTERS LLC

**Current Principal Place of Business:**

P.O. BOX 380953  
MURDOCK, FL 33938

**New Principal Place of Business:**

1080 BAL HARBOR BLVD  
8C  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

24021 MADACA LANE  
APT 203  
PORT CHARLOTTE, FL 33954

**New Mailing Address:**

1080 BAL HARBOR BLVD  
8C  
PUNTA GORDA, FL 33950

**FEI Number:** 56-2633235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZUB, DARIUSZ  
24021 MADACA LANE APT 203  
PORT CHARLOTTE, FL 33954 US

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

ZUB, DARIUSZ  
1080 BAL HARBOR BLVD  
8C  
PUNTA GORDA, FL 33950 US

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:

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DARIUSZ, ZUB  
Address: 24021 MADACA LANE UNIT 203  
City-St-Zip: PORT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DARIUSZ, ZUB  
Address: 1080 BAL HARBOR BLVD 8C  
City-St-Zip: PUNTA GORDA, FL 33950

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: DARIUSZ ZUB

MGRM

04/07/2009

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