

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90086 040 ***138.75

DOCUMENT # L07000049227

1. Entity Name
PREMIER PROPERTY SERVICES, LLC



Principal Place of Business
325 CLEMATIS STREET, STE. 100 #404
WEST PALM BEACH, FL 33401

Mailing Address
325 CLEMATIS STREET, STE. 100 #404
WEST PALM BEACH, FL 33401

60003835



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-8862611

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARTNETT, MICHAEL D
651 OKEECHOBEE BLVD., CITIPLACE TOWER
APT. 201
WEST PALM BEACH, FL 33401

Name **HARTNETT, MICHAEL D.**

Street Address (P.O. Box Number is Not Acceptable)

114 LOCHA DRIVE

City **JUPITER**

FL

Zip Code

33458

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

Michael Hartnett

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-08

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 MGR ☐ Delete
NAME LANG, STEVE W
STREET ADDRESS 4040 SOUTH OCEAN BLVD.
CITY-ST-ZIP HIGHLAND BEACH, FL 33487

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME HARTNETT, MICHAEL D
STREET ADDRESS 651 OKEECHOBEE BLVD., CITIPLACE TOWER #201
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **114 LOCHA DRIVE**
CITY-ST-ZIP **JUPITER, FLORIDA 33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Hartnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-22-08 561-744-651