

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034950

FILED  
May 31, 2009  
Secretary of State

**Entity Name:** PREMIER LIFE US, FINANCE & REVIEW, LLC

**Current Principal Place of Business:**

21662 FALL RIVER DRIVE  
BOCA RATON, FL 33428

**New Principal Place of Business:**

**Current Mailing Address:**

21662 FALL RIVER DRIVE  
BOCA RATON, FL 33428

**New Mailing Address:**

FEI Number: 26-2340344      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CHENG, ANNIE O  
21662 FALL RIVER DRIVE  
BOCA RATON, FL 33428      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: CHENG, ANNIE O  
Address: 21662 FALL RIVER DRIVE  
City-St-Zip: BOCA RATON, FL 33428

Title: MGR      ( ) Delete  
Name: SWEETING, MICHELLE S  
Address: 350 SE 2ND ST #2040  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHELLE SWEETING

MGR

05/31/2009

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