

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063708

FILED
May 01, 2009
Secretary of State

Entity Name: PREMIER DEFAULT SOLUTIONS, LLC

Current Principal Place of Business:

10245 CENTURION PARKWAY NORTH
305
JACKSONVILLE, FL 32256

New Principal Place of Business:

10245 CENTURION PARKWAY NORTH
SUITE 305
JACKSONVILLE, FL 32256

Current Mailing Address:

10245 CENTURION PARKWAY NORTH
305
JACKSONVILLE, FL 32256

New Mailing Address:

10245 CENTURION PARKWAY NORTH
SUITE 305
JACKSONVILLE, FL 32256

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

KEASLER LAW GROUP, LLC
10245 CENTURION PARKWAY NORTH
305
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

KEASLER LAW GROUP, LLC
10245 CENTURION PARKWAY NORTH
SUITE 305
JACKSONVILLE, FL 32256 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NATIONAL INFUSION TECHNOLOGIES, LLC
Address: 10245 CENTURION PARKWAY NORTH SUITE 305
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

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: RICH ROLLINS

MGR

05/01/2009

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