

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084149

FILED  
May 03, 2009  
Secretary of State

**Entity Name:** PREMIER ONE MORTGAGE & INVESTMENTS, LLC

**Current Principal Place of Business:**

11420 NORTH KENDALL DRIVE #207  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

11420 NORTH KENDALL DRIVE #207  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 26-0337120      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:**

CARRILLO, JOSE  
5820 BLUE LAGOON DRIVE #125  
MIAMI, FL 33126      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: MGRM ( ) Delete  
Name: GOLIK, VLADIMIR F  
Address: 11420 NORTH KENDALL DRIVE #207  
City-St-Zip: MIAMI, FL 33176

Title: MGRM ( ) Delete  
Name: ERICE, LOUIS  
Address: 11420 NORTH KENDALL DRIVE #207  
City-St-Zip: MIAMI, FL 33176

**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: VLADIMIR F GOLIK

MGRM

05/03/2009

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