

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093465

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** PREMIER CONTACT SERVICES, LLC.

**Current Principal Place of Business:**

7500 SW 59 PL APT 213  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7500 SW 59 PL APT 213  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ST. LOUIS, SHIRLEY  
7500 SW 59 PL APT 213  
MIAMI, FL 33143 US

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

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  
Name: ST LOUIS, SHIRLEY  
Address: 7500 SW 59 PL APT 213  
City-St-Zip: MIAMI, FL 33143

Title: MGRM  
Name: ST LOUIS, ALLENS  
Address: 7500 SW 59 PL APT 213  
City-St-Zip: MIAMI, FL 33143

I hereby 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: ALLENS ST.LOUIS

MGRM

04/12/2010

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