

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037475

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** PREMIUM CLEAN CARE, LLC

**Current Principal Place of Business:**

1357 RIVA CIRCLE  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

1357 RIVA CIRCLE  
PANAMA CITY, FL 32404

**New Mailing Address:**

P.O. BOX 3252  
PANAMA CITY, FL 32401

**FEI Number:** 37-1658871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HILL, DARRYL SR.  
1357 RIVA CIRCLE  
PANAMA CITY, FL 32404 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:** HILL, DARRYL T SR.  
**Address:** 1357 RIVA CIRCLE  
**City-St-Zip:** PANAMA CITY, FL 32404

**Title:** MGRM  
**Name:** HILL, NEVALE M  
**Address:** 1357 RIVA CIRCLE  
**City-St-Zip:** PANAMA CITY, FL 32404

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:** NEVALE M. HILL

MGRM

04/03/2012

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