

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000002300**

1. Entity Name  
**PREMIER RELIANCE, L.L.C.**



Principal Place of Business  
**770 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656**

Mailing Address  
**P.O. BOX 508  
KEYSTONE HEIGHTS, FL 32656**



02012008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3591274**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NEWELL, PAUL D  
260A LAWRENCE BLVD., SUITE 201  
KEYSTONE HEIGHTS, FL 32656**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, NORMA V 2460 SE CR 21-B MELROSE, FL 32666
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03/05/08-80043-017 150.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *Norma V. Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date:

Daytime Phone #

*(Norma V. Martin) 02/20/08*