LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90549 010 ****50.00

DOCUMENT # M02000000810

1. Entity Name

PREMIER SOLUTIONS ENTERPRISE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13810 SUTTON PARK DR	13810 SUTTON PARK DR
Suite, Apt. #, etc.: 1420	Suite, Apt. #, etc.: 1420
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32224 Country: DUVAL	Zip: 32224 Country: DUVAL

DO NOT WRITE IN THIS SPACE

4. FEI Number: 32-0005523 ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BIC NORA CAMPBELL

Street Address (P.O. Box Number is Not Acceptable): 1301 S. 1ST ST, #1003

City: JACKSONVILLE FL Zip Code: 32250

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: Bic Campbell (Signature, typed or printed name of registered agent and title if applicable) DATE: 4-9-03

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: MS NAME: BIC NORA CAMPBELL STREET ADDRESS: 13810 SUTTON PARK DR #1420 CITY-ST-ZIP: JACKSONVILLE FL 32224	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: DR. NAME: THOMAS CAMPBELL STREET ADDRESS: 13810 Sutton Park Dr #1420 CITY-ST-ZIP: JACKSONVILLE FL 32224	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bic Campbell 4-9-03 (904) 954-6068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #