2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000004193

1. Entity Name
PREMIER ENVIRONMENTAL LLC

FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

80 MEAD STREET DAYTON, OH 45402 Mailing Address

80 MEAD STREET DAYTON, OH 45402



DO NOT WRITE IN THIS SPACE

03142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1684821

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.	stered office or registered agent,	or both, in the State of Florida.	am familiar with, and accept
SII	GNATURE			

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	FELDMAN, BRUCE			
STREET ADDRESS	80 MEAD STREET			
CITY-ST-ZIP	DAYTON, OH 45402			
TITLE	MGR			
NAME	SCARDINO, DAVID			
STREET ADDRESS	80 MEAD STREET			
CITY+ST-ZIP	DAYTON, OH 45402			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
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TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
11. I hereby o	certify that the information supplied with this filing does not qualify for the ex			

U00000678808 04/03/07-80014-001 50.00

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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: 10mc Tala

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

Date

Daytime Phone #