

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000077916

**Entity Name:** PREMIUM PROPERTIES, LLC

**Current Principal Place of Business:**

4288 SILVER FOX DR.  
NAPLES, FL 34119

**Current Mailing Address:**

4288 SILVER FOX DR.  
NAPLES, FL 34119

**FEI Number:** 20-1768634

**Certificate of Status Desired:** No

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

ACKERMAN, LESLIE  
4288 SILVER FOX DR.  
NAPLES, FL 34119 US

*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

**Authorized Person(s) Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | MGRM                | Title           | MGRM                |
| Name            | ACKERMAN, LESLIE    | Name            | ACKERMAN, BRETT A   |
| Address         | 4288 SILVER FOX DR. | Address         | 4288 SILVER FOX DR. |
| City-State-Zip: | NAPLES FL 34119     | City-State-Zip: | NAPLES FL 34119     |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRETT ACKERMAN

**MANAGING MEMBER**

**01/22/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date