

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000009636

1. Entity Name
PLATINUM ENTERPRISES, LLC



Principal Place of Business

**RT 9 BOX 1024
LAKE CITY, FL 32024**

Mailing Address

**P.O. BOX 2218
LAKE CITY, FL 32056**

DO NOT WRITE IN THIS SPACE



03082004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

32-0013785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CADY, JARED MARK
RT 9 BOX 1024
LAKE CITY, FL 32024**

**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

Jared Mark Cady

(NOTE: Registered Agent signature required when reinstating)

3-8-04

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**000000086650
03/12/04-80032-006 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MARK-CADY, JARED
RT 9 BOX 1024
LAKE CITY, FL 32024**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Jared Mark Cady

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

3-8-04

DATE

386-961-8996

Daytime Phone #