FILED
Jun 09, 2003 8:00 am
Secretary of State

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05-01-2003 90275 019 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019825

1. Entity Name
PLATINUMKICKS LLC

Principal Place of Business	Mailing Address
6717 WHITEWAY DR. TAMPA, FL 33617 US	PO BOX 291113 TEMPLE TERRACE, FL 33687 US

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEVINE, DANIEL J
6717 WHITEWAY DR
TAMPA, FL 33617

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE

[redacted]

9. MANAGING MEMBERS / MANAGERS

Title Name Street Address City-St-Zip	Mangging Memb Mr. Daniel Levine 6717 Whiteway Dr. Tampa, FL 33617	☐ Delete
Title Name Street Address City-St-Zip	[redacted]	☐ Delete
Title Name Street Address City-St-Zip		☐ Delete
Title Name Street Address City-St-Zip		☐ Delete
Title Name Street Address City-St-Zip		☐ Delete
Title Name Street Address City-St-Zip		☐ Delete

10. ADDITIONS/CHANGES

Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition
Title Name Street Address City-St-Zip	☐ Change ☐ Addition

CR2E085 (10/02)

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 605, Florida Statutes.

SIGNATURE: _____ 4/30/03 (813)985-1132

Signature and Typed or Printed Name of Individual Signing (MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) — Date — Daytime Phone #