

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050785

FILED  
Mar 26, 2004  
Secretary of State

Entity Name: PLATINUM WELLBEING, LLC

## Current Principal Place of Business:

243 W. PARK AVENUE, SUITE 201  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

808 DOVER STREET  
BOCA RATON, FL 33487 US

## Current Mailing Address:

243 W. PARK AVENUE, SUITE 201  
WINTER PARK, FL 32789 US

## New Mailing Address:

808 DOVER STREET  
BOCA RATON, FL 33487 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSEN, ERIK C  
243 W. PARK AVENUE  
SUITE 201  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

DAVY, SHARON  
808 DOVER STREET  
BOCA RATON, FL 33487 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: SHARON DAVY

03/26/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: DAVY, SHARON  
Address: 57 HIGH STREET  
City-St-Zip: ASCOT, BERKSHIRE, UK,

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DAVY, SHARON  
Address: 808 DOVER STREET  
City-St-Zip: BOCA RATON, FL 33487 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: SHARON DAVY

MRS

03/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date