

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051736

Entity Name: PLATINUM GROUP, LLC

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

5335 EHRLICH ROAD
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

4825 SCOTT ROAD
LUTZ, FL 33558

New Mailing Address:

FEI Number: 56-2472025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKERMAN, RON
5335 EHRLICH ROAD
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURCHARDT, WARREN L
Address: 4825 SCOTT ROAD
City-St-Zip: LUTZ, FL 33558

Title: MGR () Delete
Name: ACKERMAN, RON
Address: 5335 EHRLICH ROAD
City-St-Zip: TAMPA, FL 33625

Title: MGRM () Delete
Name: BURCHARDT, SUSAN A
Address: 4825 SCOTT ROAD
City-St-Zip: LUTZ, FL 33558

Title: MGRM () Delete
Name: ACKERMAN, TINA
Address: 5335 EHRLICH ROAD
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WARREN L. BURCHARDT

MGR

04/08/2009

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