


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 15, 2007 8:00 am
Secretary of State

06-15-2007 90104 043 ****55.00

DOCUMENT # L04000088312	
1. Entity Name PLATINUM RESTORATION, LLC	

Principal Place of Business 103 N. 17TH ST. W. BRADENTON FL 34205	Mailing Address 103 N. 17TH ST. W. BRADENTON FL 34205
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2. Principal Place of Business - No P.O. Box # 103 N. 17TH ST W	3. Mailing Address same
Suite, Apt. #, etc. BRADENTON FL.	Suite, Apt. #, etc.
City & State	City & State
Zip 34205	Country USA
Zip 34205	Country USA

2nd MOORE CR2E083 (4/07)

4. FEI Number 20-1998974		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Not Applicable <input type="checkbox"/>
6. Name and Address of Current Registered Agent MCCONNELL, DENNIS P 103 N. 17TH ST. W. BRADENTON FL 34205		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 Dennis P. McConnell [Signature] 6-1-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNELL, DENNIS P 103 N. 17TH ST. W. BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

Date

Daytime Phone #

6-1-07 941-545-8186