

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000038184

1. Entity Name
PLATINUM TRANSPORTATION SERVICES, LLC



Principal Place of Business
118 VIA PARADISO
PALM BEACH GARDENS, FL 33420 US

Mailing Address
P.O. BOX 32146
PALM BEACH GARDENS, FL 33420 US

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE



01162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-2696756	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERAGINE, MICHAEL S
118 VIA PARADISO - MIRASOL
PALM BEACH GARDENS, FL 33418

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JAMES, PERAGINE A
STREET ADDRESS P.O. BOX 32146
CITY-ST-ZIP PALM BEACH GARDENS, FL 33420

TITLE MGRM
NAME PERAGINE, MICHAEL S
STREET ADDRESS P.O. BOX 32146
CITY-ST-ZIP PALM BEACH GARDENS, FL 33420

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000925826
05/20/08-80040-021 138.75

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/28/08

Date

Daytime Phone #