

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046262

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: PLATINUM STONE & TILE WORKS, LLC

**Current Principal Place of Business:**

719 48TH STREET WEST  
PALMETTO, FL 342218750

**New Principal Place of Business:**

**Current Mailing Address:**

719 48TH STREET WEST  
PALMETTO, FL 342218750

**New Mailing Address:**

FEI Number: 20-4815339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREDERICK, KELLYE  
719 48TH STREET WEST  
PALMETTO, FL 34221 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: FREDERICK, TIMOTHY R  
Address: 719 48TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

Title: MGR ( ) Delete  
Name: GROBLESKI, CHESTER  
Address: PO BOX 1404  
City-St-Zip: ONECO, FL 34207

Title: MGR ( ) Delete  
Name: FREDERICK, KELLYE  
Address: 719 48TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

**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:

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: KELLYE FREDERICK

MGR

04/21/2008

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