## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000065154

Entity Name: PLATINUM STAR CONSTRUCTION, LLC

Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 1424 234 LAUREL OAKS ROAD NOKOMIS, FL 342741424 NOKOMIS, FL 34275

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 1424 P.O. BOX 1424

NOKOMIS, FL 342741424 NOKOMIS, FL 342741424 US

FEI Number: 20-5651982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SARICH, JOSEPH A 234 LAUREL OAKS RD NOKOMIS, FL 342753286 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:

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM () Delete

SARICH, JOSEPH A Name: 234 LAUREL AOKS RD Address: City-St-Zip: NOKOMIS, FL 342753286

Title: MGRM () Delete FRIZZELL, WILLIAM Name: Address: P.O. BOX 1424

City-St-Zip: NOKOMIS, FL 342741424

Title: MGRM () Delete SARICH, FRANCES Name: Address: P.O. BOX 1424

City-St-Zip: NOKOMIS, FL 342741424

Title: MGRM ( ) Delete Name: SARICH, JOHN R

Address: P.O. BOX 1424 City-St-Zip: NOKOMIS, FL 342741424 Title: MGRM

ADDITIONS/CHANGES:

(X) Change ( ) Addition SARICH, JOSEPH A Name: Address: 234 LAUREL OAKS RD City-St-Zip: NOKOMIS, FL 342753286 US

Title: MGRM (X) Change ( ) Addition

Name: FRIZZELL, WILLIAM Address: P.O. BOX 1424

City-St-Zip: NOKOMIS, FL 342741424 US

Title: MGRM (X) Change ( ) Addition

SARICH, FRANCES Name:

Address: P.O. BOX 1424

City-St-Zip: NOKOMIS, FL 342741424 US

Title: MGRM (X) Change ( ) Addition

Name: SARICH, JOHN R Address: P.O. BOX 1424

City-St-Zip: NOKOMIS, FL 342741424 US

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: FRANCES SARICH **MGRM** 04/22/2009