

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000075568

1. Entity Name  
PLATINUM FLOOR CARE, LLC



Principal Place of Business

12525 WALSHINGHAM ROAD  
SUITE D  
LARGO, FL 33774 US

Mailing Address

12525 WALSHINGHAM ROAD  
SUITE D  
LARGO, FL 33774 US

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**



07092008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
34-6607118

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

LINDELOF, ANDREW D  
12525 WALSHINGHAM ROAD  
SUITE D  
LARGO, FL 33774

**DO NOT WRITE  
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  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
LINDELOF, ANDREW D  
12525 WALSHINGHAM ROAD  
LARGO, FL 33774

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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U000000955517  
07/18/08-80001-009 138.75

**DO NOT WRITE  
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

Date

Daytime Phone #