05-29-2008 90013 028 ***138.25
SECRETARY OF STATE L06000098328
TALLAHASSEE, FLORIDA

08 JUN 10 AM 10: 16

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000098328

1. Entity Name
PLATINUM CONSTRUCTION GROUP LLC

UUUU0663

04292008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
123 N KENTUCKY AVE STE 210 LAKELAND, FL 33801	123 N KENTUCKY AVE STE 210 LAKELAND, FL 33801

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1536 Commercial Park Dr	1536 Commercial Park Dr
Suite, Apt. #, etc. #6	Suite, Apt. #, etc. #6
City & State Lakeland FL	City & State Lakeland FL
Zip 33801 Country	Zip 33801 Country

4. FEI Number 20-5677139 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGAN, ANTONIO E
123 N KENTUCKY AVE STE 210
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1536 Commercial Park Dr., Suite #6

City Lakeland FL Zip Code 33801

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 ____________ 5-1-08
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAGAN, ANTONIO E 123 N KENTUCKY AVE STE 210 LAKELAND, FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	156 Commercial Park Dr, Suite #6 Lakeland FL 33801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 #