

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000092364

1. Entity Name
PLATINUM HOME WATCH SERVICES LLC



FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90113 040 ***138.75

Principal Place of Business 1582 PINYON PINE DRIVE SARASOTA, FL 34240 SA		Mailing Address 1582 PINYON PINE DRIVE SARASOTA, FL 34240 SA	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1582 PINYON PINE DRIVE		3. Mailing Address Suite, Apt. #, etc. 1582 PINYON PINE DRIVE	
City & State SARASOTA FLORIDA		City & State SARASOTA FLORIDA	
Zip 34240	Country USA	Zip 34240	Country USA
6. Name and Address of Current Registered Agent POLSIN, LINDA M 1582 PINYON PINE DRIVE SARASOTA, FL 34240			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLSIN, LINDA M 1582 PINYON PINE DRIVE SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda Polsin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/08 941-378-7821