

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039434

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** PLATINUM ENTERPRISE TECHNOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

2701 ARUNDEL LANE  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

2701 ARUNDEL LANE  
ST. AUGUSTINE, FL 32092 US

**Current Mailing Address:**

2220 COUNTY ROAD 210 WEST,  
STE 108-PMB # 405  
ST. JOHNS, FL 32259

**New Mailing Address:**

2220 COUNTY ROAD 210 WEST,  
STE 108-PMB # 405  
ST. JOHNS, FL 32259 US

**FEI Number:** 06-1839835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LIM, HAE KYUNG ESQ  
986 COLLINSWOOD DRIVE  
JACKSONVILLE, FL 32225 US

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

FULKMAN, BRUCE R  
2701 ARUNDEL LANE  
ST. AUGUSTINE, FL 32092 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: BRUCE R. FULKMAN

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FULKMAN, BRUCE R  
Address: 2701 ARUNDEL LANE  
City-St-Zip: ST. AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FULKMAN, BRUCE R  
Address: 2701 ARUNDEL LANE  
City-St-Zip: ST. AUGUSTINE, FL 32092 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: BRUCE R. FULKMAN

MGRM

04/24/2009

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