

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082181

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** PLATINUM PREMIER SOLUTIONS, LLC

**Current Principal Place of Business:**

1732 S. CONGRESS AVENUE, SUITE 310  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

900 OSCEOLA BLVD.  
STE. 107C  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1732 S. CONGRESS AVENUE, SUITE 310  
PALM SPRINGS, FL 33461

**New Mailing Address:**

900 OSCEOLA BLVD.  
STE. 107C  
WEST PALM BEACH, FL 33409

**FEI Number:** 35-2374909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCKI, JENNIFER L  
1732 S. CONGRESS AVENUE, SUITE 310  
PALM SPRINGS, FL 33461 US

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

BUCKI, JENNIFER L  
900 OSCEOLA BLVD.  
STE. 107C  
WEST PALM BEACH, FL 33409 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:

01/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FULLONE, TODD  
Address: 900 OSCEOLA BLVD. STE. 107C  
City-St-Zip: WEST PALM BEACH, FL 33409

I hereby 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: TODD FULLONE

MGR

01/07/2011

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