

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001503

FILED
Jan 03, 2008
Secretary of State

Entity Name: PLATINUM RECOVERY SERVICES, LLC

Current Principal Place of Business:

3800 WATT AVENUE, STE. 225
SACRAMENTO, CA 95821

New Principal Place of Business:

3800 WATT AVENUE, SUITE 225
SACRAMENTO, CA 95821

Current Mailing Address:

3800 WATT AVENUE, STE. 225
SACRAMENTO, CA 95821

New Mailing Address:

3800 WATT AVENUE, SUITE 225
SACRAMENTO, CA 95821

FEI Number: 20-2920542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POND, RAY
Address: 4705 WHISTLEWOOD CT.
City-St-Zip: ANTELOPE, CA 95843

Title: MGRM () Delete
Name: EVANS, SUSAN P
Address: 2149 KINCAID WAY
City-St-Zip: SACRAMENTO, CA 95825

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN PHILLIPS EVANS

MGRM

01/03/2008

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