

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L0300057500**

1. Entity Name

TB Diversified Services, LLC



FILED

04 OCT 18 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4334 Arch Street

Suite, Apt. #, etc.

3. Mailing Address

4334 ARCH ST. OR, FL 32808

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-0542572

Applied For

Not Applicable

Zip

32808

Country

Orange

Zip

32808

Country

Orange

5. Certificate of Status Desired **\$5.00** Additional Fee Required

Additional Fee Required

7. Name and Address of Current Registered Agent

Name **Thomas Poleu**

Street Address (P.O. Box Number is Not Acceptable)

4334 Arch Street

City **Orlando**

FL

Zip Code **32808**

**DO NOT WRITE
IN THIS SPACE**

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. **No change being made.**

000041570950

10/04/04--01040--010 **\$5.00

DATE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. THOMAS POLEU / Sole Proprietor. MGR 4334 ARCH STREET Orlando, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager MRS. JACQUELINE WILLIAMS POLEU MGR 4334 ARCH STREET Orlando, FL 32808
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**DO NOT WRITE
IN THIS SPACE**

10/27/04

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas Poleu*

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

9/29/04

Date

Daytime Phone #

CR2E083B (12/02)