

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000057500**

1. Entity Name  
**T. POLEN DIVERSIFIED SERVICES, LLC**



Principal Place of Business  
**4334 ARCH STREET  
ORLANDO, FL 32808**

Mailing Address  
**4334 ARCH STREET  
ORLANDO, FL 32808**



03282007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0542572**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POLEN, THOMAS  
4334 ARCH STREET  
ORLANDO, FL 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.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000688497  
04/10/07-80086-002 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	POLEN, THOMAS
STREET ADDRESS	4334 ARCH STREET
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	MGR
NAME	WILLIAMS-POLEN, JACQUELINE
STREET ADDRESS	4334 ARCH STREET
CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

*Thomas Polen*

*3/28/2007*