

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057500

FILED
May 06, 2008
Secretary of State

Entity Name: T. POLEN DIVERSIFIED SERVICES, LLC

Current Principal Place of Business:

4334 ARCH STREET
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4334 ARCH STREET
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 20-0542572 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

POLEN, THOMAS
4334 ARCH STREET
ORLANDO, FL 32808 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: POLEN, THOMAS
Address: 4334 ARCH STREET
City-St-Zip: ORLANDO, FL 32808 US

Title: MGR () Delete
Name: WILLIAMS-POLEN, JACQUELINE
Address: 4334 ARCH STREET
City-St-Zip: ORLANDO, FL 32808 US

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: JACQUELINE WILLIAMS POLEN MGRM 05/06/2008

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