

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057500

Entity Name: T. POLEN DIVERSIFIED SERVICES, LLC

Current Principal Place of Business:

4334 ARCH STREET
ORLANDO, FL 32808

Current Mailing Address:

4334 ARCH STREET
ORLANDO, FL 32808

FEI Number: 20-0542572

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

POLEN, JACQUELINE MGR
4334 ARCH STREET
ORLANDO, FL 32808 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name POLEN, THOMAS MGRM
Address 4334 ARCH STREET
City-State-Zip: ORLANDO FL 32808

Title MGR
Name WILLIAMS-POLEN, JACQUELINE
Address 4334 ARCH STREET
City-State-Zip: ORLANDO FL 32808

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS POLEN

MANAGER

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date