

**2016 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:** No

**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

MGRM

05/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date