

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077587

**Entity Name:** DIGUIDANY LLC**Current Principal Place of Business:**4140 RIPKEN CIRCLE WEST  
JACKSONVILLE, FL 32224**Current Mailing Address:**17411 NW 8TH STREET  
PEMBROKE PINES, FL 33029**FEI Number:** 45-2681742**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAM ACCOUNTING SERVICES CORP  
17411 NW 8TH STREET  
PEMBROKE PINES, FL 33029 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	RAMIREZ, GUILLERMO A
Address	4140 RIPKEN CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224

Title	MGRM
Name	RAMIREZ, DANIEL E
Address	4140 RIPKEN CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224

Title	DP
Name	RAMIREZ, GUILLERMO
Address	4140 RIPKEN CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224

Title	DVS
Name	MARTINEZ, LUZ M
Address	4140 RIPKEN CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32224

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GUILLERMO RAMIREZ

DP

04/29/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date