

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000511855

**Entity Name:** DIVERSIFIED GENERAL CONTRACTING LLC**Current Principal Place of Business:**568 BATTERSEA DRIVE  
SAINT AUGUSTINE, FL 32095**Current Mailing Address:**568 BATTERSEA DRIVE  
SAINT AUGUSTINE, FL 32095 US**FEI Number:** 87-3931279**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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           | AMBR                    |
| Name            | NICKEL, STEVEN          |
| Address         | 233 INCLINE CIRCLE      |
| City-State-Zip: | PAGOSA SPRINGS CO 81147 |

|                 |                                |
|-----------------|--------------------------------|
| Title           | AMBR                           |
| Name            | GUTIERREZ GARCIA, BRIAN ALEXIS |
| Address         | 31772 HWY 550 # 12             |
| City-State-Zip: | DURANGO CO 81301               |

|                 |                      |
|-----------------|----------------------|
| Title           | AMBR                 |
| Name            | TAYLOR, JONATHON     |
| Address         | 7798 COUNTY ROAD 203 |
| City-State-Zip: | DURANGO CO 81301     |

|                 |                     |
|-----------------|---------------------|
| Title           | AMBR                |
| Name            | GARCIA, RAUL JOSE   |
| Address         | 2403 CR 204 TRLR 45 |
| City-State-Zip: | DURANGO CO 81301    |

*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:** STEVEN NICKEL**MEMBER****02/17/2022**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date