

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90137 048 \*\*\*\*50.00

**DOCUMENT # L00000010420**

1. Entity Name

**CHRISTIAN DIEDRICH CONSTRUCTION L.L.C.**

Principal Place of Business

**1960 US HWY 1 SOUTH  
ST AUGUSTINE FL 32086**

Mailing Address

**P.M. BOX 140  
ST AUGUSTINE FL 32086**

2. Principal Place of Business

3. Mailing Address

**1960 US Hwy 1 South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St Augustine FL**

Zip

Country

Zip

Country

**32086**

**US**

4. FEI Number

**59-3662104**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIEDRICH, DAX C  
370 SEABREEZE AVE  
ST AUGUSTINE FL 32080**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
DIEDRICH, DAX C  
370 SEABREEZE AVE  
ST AUGUSTINE FL 32080** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**M  
DIEDRICH, ROBERT B  
111A AVENIDA MENENDEZ  
ST AUGUSTINE FL 32084** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

**SIGNATURE REQUIRED** **Diedrich**

**4-20-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)