

**LIMITED LIABILITY COMPANY  
FORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90126 010 \*\*\*\*50.00

DOCUMENT # L01000022230

1. Entity Name

DIVERSIFIED ASSOCIATES, LLC

904140

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2111 N. Golfview Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Plant City, FL

City & State

4. FEI Number

03-0373923

Applied For

Not Applicable

Zip

Country

33567

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jennifer E. Closshey

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

2111 N. Golfview Drive

City

Plant City

FL

Zip Code

33567

**DO NOT WRITE  
IN THIS SPACE**

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.

*Jennifer E. Closshey*

4/26/02  
DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MRGM  
Jennifer E. Closshey  
2111 N. Golfview Dr.  
Plant City, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MRGM  
Charles P. Closshey  
2111 N. Golfview Dr.  
Plant City, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MRGM (Charlene)  
Charlene N. Closshey  
2111 N. Golfview Dr.  
Plant City, FL 33567

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*Jennifer E. Closshey*

4/26/02

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

Date

Daytime Phone #

CR2E083B (12/01)