2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90337 012 ****50.00

DOCUMENT # L02000018494

1. Entity Name
DIVERSIFIED SERVICES OF NAPLES, LLC

Principal Place of Business
5760 SHIRLEY ST. 4400 POHARINE CT
~~#12~~
NAPLES, FL ~~34109~~ 34119

Mailing Address
P.O. BOX 770067
NAPLES, FL 34107-0067

60036465

DO NOT WRITE IN THIS SPACE

01272007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
75-3079940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFF, CASEY ESQ.
801 ANCHOR RODE DRIVE, SUITE 203
NAPLES, FL 34103

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHROEDER, KLAUS
STREET ADDRESS	PO BOX 770067
CITY ST ZIP	NAPLES, FL 34107
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 exemptions contained in Chapter 119, 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: X Klaus-D. [signature] 1-30-07

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

KLAUS SCHROEDER