

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92172 012 \*\*\*\*50.00

DOCUMENT # L02000018742

1. Entity Name

DIKIM, LLC



**DO NOT WRITE IN THIS SPACE**

00000000

2. Principal Place of Business  
PO BOX 429

Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 429

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PALM HARBOR FL

City & State  
PALM HARBOR FL

4. FEI Number  
14-1839307

Applied For  
Not Applicable

Zip  
34682

Country  
USA

Zip  
34682

Country  
USA

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

7. Name and Address of Current Registered Agent

Name  
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City  
MIAMI

FL

Zip Code  
33131

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 true if applicable.

PAUL SMITH, VICE PRESIDENT 04-30-03

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
MINEAR, DIANE K  
PO BOX 429  
PALM HARBOR FL 34682

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
POLLAK, KIMBERLY A.  
PO BOX 429  
PALM HARBOR FL 34682

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
POLLAK, HARVEY  
PO BOX 429  
PALM HARBOR FL 34682

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
MINEAR, GERRY D  
PO BOX 429  
PALM HARBOR FL 34682

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
MINEAR, GERRY D  
PO BOX 429  
PALM HARBOR FL 34682

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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:

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

DIANE K MINEAR, MGRM

Date

Daytime Phone #

4/16/03 727-469-8710

CR2E083B (12/02)