

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000023392

1. Entity Name

DIPRIMA INVESTMENTS, L.L.C.



Principal Place of Business

1199 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937

Mailing Address

1199 SOUTH PATRICK DRIVE
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E083 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-2058714

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DIPRIMA, JOSEPH
1199 S. PATRICK DR.
SATELLITE BEACH FL 32937

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

SIGNATURE

Joseph Di Prima
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 Florida Department of State
Due By May 1, 2005

9.

MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME DIPRIMA, JOSEPH R
STREET ADDRESS 1199 SOUTH PATRICK DRIVE
CITY- ST- ZIP SATELLITE BEACH FL 32937

☐ Delete

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10.

ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

000000307465
04/15/05-80052-022 50.00

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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:

Joseph Di Prima Joseph Di Prima

4-12-05

321-777-2500

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

Date

Daytime Phone #