

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000027991

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** DIAMOND VENDING SERVICES, LLC

**Current Principal Place of Business:**

10335 NORTH CITRUS SPRINGS BOULEVARD  
DUNNELLON, FL 34434 US

**New Principal Place of Business:**

3841 NE 27 AVE  
LIGHTHOUSE POINT, FL 33064 US

**Current Mailing Address:**

10335 NORTH CITRUS SPRINGS BOULEVARD  
DUNNELLON, FL 34434 US

**New Mailing Address:**

3841 NE 27 AVE  
LIGHTHOUSE POINT, FL 33064 US

**FEI Number:** 48-1293423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COGSWELL, RICK  
10335 NORTH CITRUS SPRINGS BOULEVARD  
DUNNELLON, FL 34434 US

**Name and Address of New Registered Agent:**

COGSWELL, RICHARD  
3841 NE 27 AVE  
LIGHTHOUSE POINT, FL 33064 US

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: RICHARD COGSWELL

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COGSWELL, RICK  
Address: 10335 NORTH CITRUS SPRINGS BOULEVARD  
City-St-Zip: DUNNELLON, FL 34434 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COGSWELL, RICK  
Address: 3841 NE 27 AVE  
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RICHARD COGSWELL

MGR

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date