

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012711

FILED
Jan 30, 2009
Secretary of State

Entity Name: DIETRICH HOLDINGS, LLC

Current Principal Place of Business:

535 SANCTUARY DRIVE, UNIT C606
LONG BOAT KEY, FL 34228

New Principal Place of Business:

Current Mailing Address:

535 SANCTUARY DRIVE, UNIT C606
LONG BOAT KEY, FL 34228

New Mailing Address:

FEI Number: 16-1660940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIETRICH, GEORGE W
535 SANCTUARY DRIVE, UNIT C606
LONG BOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DIETRICH, GEORGE W
Address: 535 SANCTUARY DR. UNIT C606
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM () Delete
Name: DIETRICH, SANDRA L
Address: 535 SANCTUARY DR. UNIT C606
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM () Delete
Name: DIETRICH, WILLIAM M
Address: 6931 WINNERS CIR
City-St-Zip: LAKEWOOD RANCH, FL 34202

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE W. DIETRICH

MGRM

01/30/2009

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