

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013609

FILED
Feb 22, 2006
Secretary of State

Entity Name: DIVERSIFIED FINANCIAL SERVICES, LLC

Current Principal Place of Business:

5585 W. 1ST SQUARE SW
VERO BEACH, FL 32968

New Principal Place of Business:

9780 141ST AVENUE
FELLSMERE, FL 32948

Current Mailing Address:

5585 W. 1ST SQUARE SW
VERO BEACH, FL 32968

New Mailing Address:

9780 141ST AVENUE
FELLSMERE, FL 32948

FEI Number: 20-0244549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVINE, CINDY
5585 W. 1ST SQUARE SW
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

DEVINE, CINDY
9780 141ST AVENUE
FELLSMERE, FL 32948 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:

02/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEVINE, CINDY
Address: 5585 W. 1ST SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

Title: MGRM () Delete
Name: DEVINE, LOUISE
Address: 5585 W. 1ST SQUARE SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARCA, JOHN
Address: 5302 SUNSET BLVD
City-St-Zip: FT. PIERCE, FL 34982

Title: MGRM (X) Change () Addition
Name: DEVINE, CINDY
Address: 9780 141ST AVENUE
City-St-Zip: FELLSMERE, FL 32948

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN BARCA

MGRM

02/22/2006

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