2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 10, 2004 8:00 am Secretary of State

DOCUMENT # L0300042162 1. Entity Name DIAMOND INDUSTRIAL SERVICE LLC					08-10-2004 90051 042 ****50.00			
Principal Place of Business Mailing Address					UP&67UP\$			
14832 drafthorse lane Wellington, Fl 33414 us		14832 DRAFTHORSE LANE		}				
WELLINGTON	I, FL 33414 US	WELLINGTON, FL 3341	4 US					18
2 Principal P	lace of Business	3. Mailing Address						
		4. Walling / Goldso			ELION IIIII OBIU BSAN ODAU	I BORN DIGIO NERI MEJE ON	ID MARBI IIS IRDS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08032004	Chg-LLC	CR2E083 (10/0	03)	
City & State		City & State		4. FEI Numbe	50.0.5		Applied For	
Zip	Country	Zip	Country		65-11	36968	CF 00	Not Applicable
2.0	Ganay	Zip	Country		5. Certificate	of Status Desired	Fee Req	Additional uired
	6. Name and Address of Current R	legistered Agent	Nome		7. Name and	Address of New Re	egistered Agent	
1	ITO, MARY ANN		Name					به السدادات
14832 DRAFTHORSE LANE WELLINGTON, FL 33414			Stree	t Address (P.O. Box Numbe	r is Not Acceptable)	
WELLING	10N, FL 33414	•				<u></u>		
			City				FL Zip (Code '
	named entity submits this statement for	the purpose of changing its	registered office	or registe	red agent, or bot	h, in the State of Flo		ith, and accept
the obligat	ions of registered agent.	·						
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent sig	nature requirer	l when reinetation)		DATE	
Filing Fee is \$50.00 Due by September 8, 2004			. riogiatoree rigorii or	, in its is payout to	o union resignations)			
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Due I	MANAGING MEMBER			<u> </u>		Florida	e check payable Department of S	itate ()
9. TITLE	MANAGING MEMBER MGRM BENEVENTO, MARY ANN	S/MANAGERS	10. TITLE NAME			Florida	e check payable Department of S CHANGES	itate ()
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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: 1 ON YM DENOUMO SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED, REPRESENTATIVE