

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90017 043 \*\*\*138.75

**DOCUMENT # L03000051319**

1. Entity Name  
**DIAZ IRON DESIGNS, LLC**



Principal Place of Business

P.O. BOX 152191  
TAMPA, FL 33684

Mailing Address

P.O. BOX 152191  
TAMPA, FL 33684



02042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

*Dept of State*

4. FEI Number  
**36-4545805**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DIAZ, DAN  
3922 W. POWHATAN AVENUE  
TAMPA, FL 33614

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DIAZ, DAN
STREET ADDRESS	3922 W. POWHATAN AVENUE
CITY-ST-ZIP	TAMPA, FL 33614

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

*DAN DIAZ*

*02-05-08*

**SIGNATURE:**

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

Date

Daytime Phone #