

**2007 LIMITED LIABILITY COMPANY -
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L04000020630

1. Entity Name
DIAMOND MANAGEMENT, LLC



Principal Place of Business

**53 ELM ST
WESTFIELD, NJ 07090**

Mailing Address

**53 ELM ST
WESTFIELD, NJ 07090**

DO NOT WRITE IN THIS SPACE



01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
16-1695432

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, DAVID G
1401 E BROWARD BLVD, STE 200
FORT LAUDERDALE, FL 33301**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000707263
04/24/07-80068-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	REMONKO, LEON
STREET ADDRESS	53 ELM ST
CITY-ST-ZIP	WESTFIELD, NJ 07090
TITLE	MGRM
NAME	REMONKO, ANDREA
STREET ADDRESS	53 ELM ST
CITY-ST-ZIP	WESTFIELD, NJ 07090
TITLE	MGRM
NAME	ARABATZIS, SPIROS
STREET ADDRESS	3235 NE 40TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGRM
NAME	ARABATZIS, ALEXANDRA
STREET ADDRESS	3235 NE 40TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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.

SIGNATURE: _____

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

4/12/07 9545665676

Date

Daytime Phone #