

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
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**



03042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

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

U000000910296
05/06/08-80105-006 138.75

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

Date

Daytime Phone #

4/10/08

9545665876