

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037245

FILED
May 20, 2009
Secretary of State

Entity Name: DIAMOND PLASTERING & REPAIR LTD CO

Current Principal Place of Business:

308 ASHTON CT
QUINCY, FL 32352

New Principal Place of Business:

Current Mailing Address:

308 ASHTON CT
QUINCY, FL 32352

New Mailing Address:

P. O. BOX 367
QUINCY, FL 32353

FEI Number: 20-1303552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERKINS, JAMES
308 ASHTON CT
QUINCY, FL 32352 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PERKINS, JAMES
Address: 308 ASHTON CT
City-St-Zip: QUINCY, FL 32352

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: PERKINS, DEBORA
Address: 308 ASHTON CT
City-St-Zip: QUINCY, FL 32352

Title: MGRM () Change (X) Addition
Name: PERKINS, JUSTIN
Address: 308 ASHTON CT
City-St-Zip: QUINCY, FL 32352

I hereby certify that the information supplied with this filing does not qualify 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: JAMES PERKINS

MGR

05/20/2009

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