

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90009 030 ****50.00

DOCUMENT # L04000052141

1. Entity Name
INTERNATIONAL DIVERSIFIED INVESTMENTS, LLC



Principal Place of Business
**1053 MAITLAND CENTER COMMONS BLVD.
2ND FL
MAITLAND, FL 32751**

Mailing Address
**1053 MAITLAND CENTER COMMONS BLVD.
2ND FL
MAITLAND, FL 32751**

20047221



2. Principal Place of Business
7512 Dr Phillips Blvd

3. Mailing Address
7512 Dr Phillips Blvd

Suite, Apt. #, etc.
Ste 50 Unit 130

Suite, Apt. #, etc.
Ste 50 Unit 130

01192005 Chg-LLC CR2E083 (10/03)

City & State
Orlando, Florida

City & State
Orlando, Florida

4. FEI Number ☐ Applied For
☒ Not Applicable

Zip Country
32819 U.S.

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32819 U.S.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER & TUDHOPE, P.A.
1053 MAITLAND CENTER COMMONS BLVD.
2ND FL
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name **ICARDI & ICARDI, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
549 North Wymore Road Ste 109
Longwood 2180 W. State Road 434, Suite 6190 32779
City **Longwood** **FL** Zip **32751**

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

JEFFREY A. ICARDI

4/26/05

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Chabot, Shauna
7512 Dr. Phillips Blvd, Ste 50 Unit 130
Orlando, FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #