

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90068 010 ****50.00

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DOCUMENT # L04000073432 1. Entity Name DIAMOND RENTAL GROUP OF FLORIDA, LLC			
Principal Place of Business 1622 PARADISE LANE ASTOR, FL 32102		Mailing Address 1622 PARADISE LANE ASTOR, FL 32102	
2. Principal Place of Business 21743 Sunset DR. Astor, FL 32102		3. Mailing Address 21743 Sunset DR. Astor, FL 32102	
Suite, Apt. #, etc. Astor, FL		Suite, Apt. #, etc. Astor, FL	
City & State 32102		City & State 32102	
Zip 32102		Zip 32102	
Country USA		Country USA	
6. Name and Address of Current Registered Agent PATTISON, GRACE R 917 N PALMWAY STREET KISSIMMEE, FL FL		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <u><i>Deborah L Crain</i></u> 8/14/05 <small>Signature required or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRAIN, DEBORAH 1622 PARADISE LANE ASTOR, FL 32102	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Deborah L Crain</i></u> 8/14/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			