

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075044

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: DIVA DEVA LLC

**Current Principal Place of Business:**

1060 NE 28TH TERRACE  
POMPANO BEACH, FL 33062 US

**New Principal Place of Business:**

2716 N OCEAN BLVD  
FORT LAUDERDALE, FL 33308 US

**Current Mailing Address:**

1060 NE 28TH TERRACE  
POMPANO BEACH, FL 33062 US

**New Mailing Address:**

2716 N OCEAN BLVD  
FORT LAUDERDALE, FL 33308 US

FEI Number: 73-1720923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVID, GOFF  
2716 N OCEAN BLVD  
FORT LAUDERDALE FL, FL 33308 US

**Name and Address of New Registered Agent:**

DAVID, GOFF  
2716 N OCEAN BLVD  
FORT LAUDERDALE, FL 33308 US

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: DAVID GOFF

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GOFF, DAVID  
Address: 2716 N OCEAN BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: MGR ( ) Delete  
Name: COBETTI-GOFF, CATHERINE  
Address: 2716 N OCEAN BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

**ADDITIONS/CHANGES:**

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

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

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: DAVID GOFF

MGR

04/14/2009

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