

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

04-24-2006 90053 043 ****50.00

DOCUMENT # L05000003108 1. Entity Name DIAMOND-C CONSULTING L.L.C.					
Principal Place of Business 457 CARDINAL OAKS CT LAKE MARY, FL 32746			Mailing Address 457 CARDINAL OAKS CT LAKE MARY, FL 32746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 04192006 Chg-LLC CR2E083 (11/05)			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent CHAIRES, JAMES PETER 457 CARDINAL OAKS CT LAKE MARY, FL 32746		
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____			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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-appointing)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CHAIRES, JAMES PETER 457 CARDINAL OAKS CT LAKE MARY, FL 32746	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
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: J. Peter Chaires 4/19/06 4078301022 SIGNATURE AND TYPED OR PRINTED NAME OF SEVERAL MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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