

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000039508

1. Entity Name
DIPLOMAT VENTURES, LLC



Principal Place of Business
1406 SE 46TH LANE, SUITE #4
CAPE CORAL, FL 33904

Mailing Address
1406 SE 46TH LANE, SUITE #4
CAPE CORAL, FL 33904

FILED
Jan 24, 2007 08:00 AM
Secretary of State



01192007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-2766740

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRBY, LYNN
1406 SE 46TH LANE, SUITE #4
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR
KIRBY, LYNN A
1406 SE 46TH LANE, UNIT # 4
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

110000610018
01/26/07-80016-025 50.00

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IN THIS SPACE**

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:

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

Lynn A. Kirby

1/19/07

Date

Daytime Phone #

239.542.5430