

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080963

FILED
Jan 22, 2009
Secretary of State

Entity Name: DIAMOND NIGHT DESIGN, LLC

Current Principal Place of Business:

4499 CORPORATE SQUARE BLVD. UNIT B
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4499 CORPORATE SQUARE BLVD. UNIT B
NAPLES, FL 34104

New Mailing Address:

FEI Number: 04-3721333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCARDLE, SETH A
5134 KRISTIN CT.
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

TAX & FINANCIAL STRATEGISTS LLC
3365 WOODS EDGE CIR
SUITE 104
BONITA SPRINGS, FL 34134 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: THOMAS WANDERON

01/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCARDLE, SETH A
Address: 5134 KRISTIN CT.
City-St-Zip: NAPLES, FL 34105

Title: MGR () Delete
Name: ZELLNER, JASON M
Address: 4033 OLD TRAIL WAY
City-St-Zip: NAPLES, FL 34103

Title: MGR (X) Delete
Name: FREDERICH, DAVID M
Address: 4033 OLD TRAIL WAY
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

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

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: SETH MCARDLE

MGR

01/22/2009

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