## 2008 LIMITED LIABILITY COMPANY . ANNUAL REPORT

## **FILED** Apr 28, 2008 08:00 AN Secretary of State DOCUMENT # L0600000148 1. Entity Name DI-VERSIFIED, LLC Principal Place of Business Mailing Address **3013 EXPOSITION AVE** 3013 EXPOSITION AVE ORLANDO, FL 32810 ORLANDO, FL 32810 04252008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3837334 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERKLAND, MARK L SR. DO NOT WRITE 369 BANYAN DR MAITLAND, FL 32751 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 alignature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 *0000009293*55 After May 1, 2008 Fee will be \$538.75 *05/21/08-80065-009 138.75* MANAGING MEMBERS/MANAGERS 9. MGR TITLE BERKLAND, MARK L SR. NAME STREET ADDRESS 369 BANYAN DR CITY-ST-ZIP MAITLAND, FL 32751 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

25-08 407-948-5861 SIGNATURE: LINE For

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.

CITY-ST-7/P