

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000017785

Entity Name: DIAKRONOS LLC

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1890 LONG POND DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

1890 LONG POND DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

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

ROSS, JULIAN  
1890 LONG POND DRIVE  
LONGWOOD, FL 32779 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROSS, ADAM M DR.  
Address: 9 THURSTON RD  
City-St-Zip: WATERTOWN, MA 02472

I hereby 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: ADAM M ROSS

MGRM

02/15/2012

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