

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90023 007 ***143.75

DOCUMENT # L06000042616

1. Entity Name

DIVERSIFIED REMOLDELING, LLC



Principal Place of Business

**2319 LEROY AVENUE
ALVA FL 33920
US**

Mailing Address

**2319 LEROY AVENUE
ALVA FL 33920
US**

2. Principal Place of Business - No P.O. Box #

2319 Leroy Ave

Suite, Apt. #, etc.

3. Mailing Address

2319 Leroy Ave

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/07)

City & State

Alva, FL

City & State

Alva, FL

4. FEI Number

06-1817859

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TUCKER, DAN D
2319 LEROY AVENUE
ALVA FL 33920**

7. Name and Address of New Registered Agent

Name **Daniel D. Tucker**

Street Address (P.O. Box Number is Not Acceptable)

2319 Leroy Ave.

City **Alva,**

FL

Zip Code **33920**

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

Daniel D. Tucker

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **TUCKER, DAN D**
STREET ADDRESS **2319 LEROY AVENUE**
CITY-ST-ZIP **ALVA FL 33920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Daniel D. Tucker

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

Date

Daytime Phone #