

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049882

Entity Name: THE ORIGINAL DIVA, LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

3211 BAY TO BAY BLVD
TAMPA, FL 33629

New Principal Place of Business:

146-A WHITAKER ROAD
LUTZ, FL 33549

Current Mailing Address:

3211 BAY TO BAY BLVD
TAMPA, FL 33629

New Mailing Address:

146-A WHITAKER ROAD
LUTZ, FL 33549

FEI Number: 20-4877766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUNNINGHAM, VALERIE N
13014 N DALE MABRY HWY
APT 618
TAMPA, FL 33618 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 () Delete
Name: CUNNINGHAM, VALERIE N
Address: 13014 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM () Delete
Name: CUNNINGHAM, RODERICK C
Address: 13014 N DALE MABRY HWY
City-St-Zip: TAMPA, FL 33618 US

Title: MGRM () Delete
Name: CARTER, JAMES A JR
Address: 1218 S ROXMERE RD
City-St-Zip: TAMPA, FL 33629 US

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: VALERIE N CUNNINGHAM

MGRM

04/28/2007

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