

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051464

Entity Name: HIGGINS DIVERSIFIED, LLC

FILED
Apr 07, 2007
Secretary of State

Current Principal Place of Business:

414 RENEE DR
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

414 RENEE DR
HAINES CITY, FL 33844 US

New Mailing Address:

PO BOX 1016
HAINES CITY, FL 33845 US

FEI Number: 20-4903263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGGINS, TAMMY
414 RENEE DR
HAINES CITY, FL 33844 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: HIGGINS, TAMMY
Address: 414 RENEE DR
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGRM () Delete
Name: HIGGINS, ROBERT
Address: 414 RENEE DR
City-St-Zip: HAINES CITY, FL 33844 US

Title: MGRM () Delete
Name: HIGGINS, MICHAEL
Address: 414 RENEE DR
City-St-Zip: HAINES CITY, FL 33844 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HIGGINS, TAMMY A
Address: 414 RENEE DR
City-St-Zip: HAINES CITY, FL 33844 US

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 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: TAMMY A. HIGGINS

MGMR

04/07/2007

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