

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000063255

FILED
Aug 27, 2009
Secretary of State**Entity Name:** DIVERSIFIED MECHANICAL LLC**Current Principal Place of Business:**2232 SE 27TH STREET
CAPE CORAL, FL 339043326 US**New Principal Place of Business:**23251 N RIVER RD
ALVA, FL 33920 US**Current Mailing Address:**P O BOX 60582
FORT MYERS, FL 339066582 US**New Mailing Address:**23251 N RIVER RD
ALVA, FL 33920 US**FEI Number:** 20-5082535**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROOKS, RICHARD
2232 SE 27TH STREET
CAPE CORAL, FL 339043326 US**Name and Address of New Registered Agent:**DEANE, JODY
502 PALMETTO AVE
LEHIGH ACRES, FL 33972 US

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: JODY DEANE

08/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: DEANE, ROBERT
Address: 502 PALMETTO AVENUE
City-St-Zip: LEHIGH ACRES, FL 33972 USTitle: MGRM () Delete
Name: O'CONNOR, TIM
Address: 1430 NE 5TH TERRACE
City-St-Zip: CAPE CORAL, FL 33909 USTitle: MGRM () Delete
Name: BAJANA, WASHINGTON
Address: 708 SW 23RD TERRACE
City-St-Zip: CAPE CORAL, FL 33991 USTitle: MGRM () Delete
Name: RAIN, FRANK
Address: 1320 EALENA LANE
City-St-Zip: NORTH FORT MYERS, FL 33917 USTitle: MGRM (X) Delete
Name: BROOKS, RICHARD
Address: P O BOX 60582
City-St-Zip: FORT MYERS, FL 339066582 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
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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: TIMOTHY O'CONNOR

MGRM

08/27/2009

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