## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000083665

Entity Name: DIFEDE & ASSOCIATES 001, L.L.C.

**FILED** Mar 18, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4002 DEL PRADO BOULEVARD 4002 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904

CAPE CORAL, FL 33904

**Current Mailing Address: New Mailing Address:** 

4002 DEL PRADO BOULEVARD SOUTH 4002 DEL PRADO BOULEVARD

CAPE CORAL, FL 33904 CAPE CORAL, FL 33904

FEI Number: 20-8461432 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCHUTT, DARRIN R ESQ 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

DIFEDE, MICHAEL Name: Name: Address: 4002 DEL PRADO BOULEVARD Address: City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: DIFEDE, ANTHONY Name: Address: 4002 DEL PRADO BOULEVARD Address: City-St-Zip: CAPE CORAL, FL 33904 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: MICHAEL DIFEDE **MGRM** 03/18/2009