

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102949

FILED
Apr 29, 2009
Secretary of State

Entity Name: DIVERSIFIED INVESTIGATORS, LLC

Current Principal Place of Business:

244 N. RIDGEWOOD AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

905 EAST MLK DRIVE
SUITE 220
TARPON SPRINGS, FL 34689

Current Mailing Address:

C/O CARLA TURNER-HAHN
P.O. BOX 41735
ST. PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 20-5888092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER-HAHN, CARLA ESQ.
980 TYRONE BOULEVARD
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

TURNER-HAHN, CARLA ESQ.
4004 PARK STREET NORTH
ST. PETERSBURG, FL 33709 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: CARLA TURNER-HAHN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMILEY, EUGENE
Address: 244 N. RIDGEWOOD AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MGRM () Delete
Name: TURNER-HAHN, CARLA ESQ.
Address: PO BOX 41735
City-St-Zip: ST. PETERSBURG, FL 33743

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMILEY, EUGENE
Address: 905 EAST MLK DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: CARLA TURNER-HAHN

MGRM

04/29/2009

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