

LO000102949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

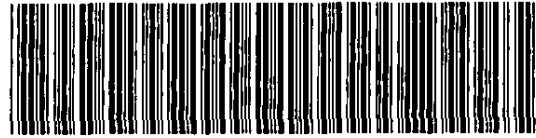
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G. MCLEOD

MAY - 5 2010

EXAMINER



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05/03/10--01009--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 MAY - 4 PM 3:16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIVERSIFIED INVESTIGATORS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLA TURNER-HAHN, ESQUIRE

Name of Person

DIVERSIFIED INVESTIGATORS, LLC

Firm/Company

PO BOX 41735

Address

ST PETERSBURG, FL 33743

City/State and Zip Code

CARLATHAHN@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLA TURNER-HAHN, ESQUIRE

Name of Person

at (727)

433-1624

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

DIVERSIFIED INVESTIGATORS, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

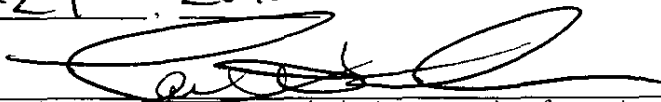
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

4-29, 2010



Signature of a member or authorized representative of a member

Carla Turner-Hahn, Esquire

Typed or printed name of signee