
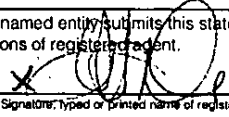
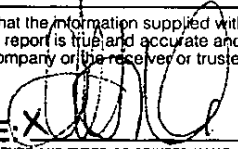


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90033 033 ***138.75

DOCUMENT # L07000009699 1. Entity Name DIVERSE REALTY GROUP OF FLORIDA, LLC					
Principal Place of Business 3607 SIGWALT STREET ROLLING MEADOWS, IL 60008 3608			Mailing Address 3607 SIGWALT STREET ROLLING MEADOWS, IL 60008 3608		
2. Principal Place of Business - No P.O. Box # 6378 SE 125TH PLACE Suite, Apt. #, etc.		3. Mailing Address 3608 SIGWALT ST Suite, Apt. #, etc.			
City & State BELLVIEW, FL Zip 34420		City & State ROLLING MEADOWS, IL Zip 60008		4. FEI Number 20-8457688	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEAN, MICHAEL E 230 INE 25TH AVE. SUITE 100 OCALA, FL 34470			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/24/08 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMAIDA, MAUREEN 3607 SIGWALT STREET ROLLING MEADOWS, IL 60008 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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  MAUREEN A. SMAIDA 4/24/08 847-903-8688 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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