2008 LIMITED LIABILITY COMPANY

FILED Apr 30, 2008 8:00 am Secretary of State

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	ANNUAL REPORT	
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04-30-2008 90037 034 ***138.75 **DOCUMENT # L07000031708** DIAMOND CLEANERS LLC Principal Place of Business Mailing Address 60034717 7231 PEBBLE PASS LOOP 7231 PEBBLE PASS LOOP LAKELAND, FL 33810 LAKELAND, FL 33810 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Cha-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-8705867 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHONG, JAE H Street Address (P.O. Box Number is Not Acceptable) 7231 PEBBLE PASS LOOP LAKELAND, FL 33810 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES 10. MGR TITLE ☐ Delete TITLE ☐ Change Addition CHONG, JAE H NAME NAME STREET ADDRESS 7231 PEBBLE PASS LOOP STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHONG, SOON K NAME NAME STREET ADDRESS 7231 PEBBLE PASS LOOP STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-ZIP TITLE __ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CJTY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAEH. CHOSET 4/28,