

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jun 29, 2009
Secretary of State**

DOCUMENT# L07000049260

Entity Name: DIVA DOLLAR, LLC

Current Principal Place of Business:

720 FAIRBANKS FERRY RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 394
HAVANA, FL 32333

New Mailing Address:

FEI Number: 26-1171227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HAYES, SHARICA
720 FAIRBANKS FERRY RD.
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: HAYES, SHARICA
Address: 720 FAIRBANKS FERRY RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: MCINTYRE, VERA
Address: 720 FAIRBANKS FERRY RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: HAYES, KHALILAH
Address: 720 FAIRBANKS FERRY RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: HAYES, ANDREA
Address: 720 FAIRBANKS FERRY RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VERA MCINTYRE

MGRM

06/29/2009

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