

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90016 015 ***138.75

DOCUMENT # L07000055980

1. Entity Name
RDB DIVERSIFIED LLC



Principal Place of Business
412 SUMMIT RIDGE PLACE
104
LONGWOOD, FL 32779 US

Mailing Address
412 SUMMIT RIDGE PLACE
104
LONGWOOD, FL 32779 US

60038027



2. Principal Place of Business - No P.O. Box #
578 Cape Cod Ln.
Suite, Apt. #, etc. 205

3. Mailing Address
578 Cape Cod Ln.
Suite, Apt. #, etc. 205

04282008 Chg-LLC CR2E083 (12/06)

City & State
Altamonte Springs, FL
Zip 32714 Country USA

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Altamonte Springs, FL
Zip 32714 Country USA

4. FEI Number 51-0637319
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BALL, RYAN D
412 SUMMIT RIDGE PLACE
104
LONGWOOD, FL 32779.

7. Name and Address of New Registered Agent

Name BALL, RYAN D.
Street Address (P.O. Box Number is Not Acceptable) 578
CAPE COD LANE 205
City Altamonte Springs FL Zip Code 32714

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 *Ryan Ball*
Signature typed or printed name of registered agent and title if applicable

4-28-08
DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BALL, RYAN D 412 SUMMIT RIDGE PLACE LONGWOOD, FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Ball, Ryan D 578 Cape Cod Ln. 205 Altamonte Springs, FL 32714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Ryan Ball*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/08
Date

321-322-8518
Daytime Phone #