## 101000058744

(Ke	questor's Name)	
(Address)		
(Address)		
		•
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
·	·	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500135983675

09/18/08--01017--001 \*\*25.00

SECRETARY OF STATE

T. CLINE

OCT 2 2 2008

EXAMMER



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2008

MARIA BALUJA 6359 COLUMBUS BLVD. SEBRING, FL 33872

SUBJECT: DIAMANTE PETS WORLD LLC

Ref. Number: L07000058744

We have received your document for DIAMANTE PETS WORLD LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only one person can be listed as registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 508A0005082

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Diamante Pet's	World. LLC		
(Name of Limit	ed Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please return all correspondence concerning this man	tter to the following:		
MARIA & BALUJA (Name of Person)			
Diamante Pet's World. (Firm/Company)	<del></del>		
6359 Columbus Blud (Address)			
Gebring Florida 33872.  (City/State and Zip Code)		2008 OCT 21 AM II: 11 SECRETARY OF STATE TALLAHASSEE.FLORID	wayin
(City/State and Zip Code)	Annual strange of the	T 2	WANTED STATE
For further information concerning this matter, pleas	se call:	Y OF ST	The state of the s
HARIA N BAIUJA at (8)	(5) 300 000	<del></del>	
(Name of Person) (A	Area Code & Daytime Telephone Numbe	:r) · ·	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	nt:		
\$25 Filing Fee	\$55 Filing Fee & Certified Conv		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 company submits the following statement in order to char	8, Florida Statutes, the undersigned limited liability age its registered office or registered agent, or both,
in the State of Florida.  1. Name of the limited liability company:	nte Pet's World LC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	r: 6359 Columbus Blud. Gebring Florida 33872
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6359 Columbus Blvd. Sebring Florida 33872
06 - 04- 2007	<u> 2070000 58744</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Business Filings Incorporate
Registered Office Address:	Business Filings Incorporate 1203 Governors Square Blud 10 Talla Hassee PL 32301 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEY NEW Registered Agent</u> :	MARIA J BALUJA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6359 Columbus Blud Sebring ,FL 33872
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited
(Signature of a member or authorized representative of a member)	- Zin
MARIA N BALUJA	SECRE
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the promise am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the timited liability company has been notified.	ngree to act in this capacity. I further agree to oper and complete performance of my duttes, and I is as registered agent as provided for in Chapter 608, change in the registered office address, I hereby a din writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)