

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061709

Entity Name: JNJ DIVERSIFIED, LLC

FILED
Feb 17, 2009
Secretary of State

Current Principal Place of Business:

1248 BELLEVUE BLVD.
CLEARWATER, FL 33756

New Principal Place of Business:

2410 INDIAN AVE
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

1424 NURSERY ROAD
CLEARWATER, FL 33756

New Mailing Address:

2410 INDIAN AVE
BELLEAIR BLUFFS, FL 33770

FEI Number: 26-0491960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, JENNIFER
1248 BELLEVUE BLVD.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

SWANSON, JENNIFER
2410 INDIAN AVE
BELLEAIR BLUFFS, FL 33770 US

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: JENNIFER SWANSON

02/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURNS, JENNIFER
Address: 1424 NURSERY ROAD
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: SWANSON, JOEL
Address: 1248 BELLEVUE BLVD.
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SWANSON, JENNIFER
Address: 2410 INDIAN AVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM (X) Change () Addition
Name: SWANSON, JOEL
Address: 2410 INDIAN AVE
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: JENNIFER SWANSON

MGRM

02/17/2009

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