2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000125416

Entity Name: DIVERSIFIED FOOD SERVICES, LLC

Current Principal Place of Business:

5110 EISENHOWER BLVD.
SUITE 250
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

5110 EISENHOWER BLVD.
SUITE 250
TAMPA, FL 33634

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAGBY, KEITH
5102 PHEASANT WOODS DRIVE
LUTZ, FL 33558 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:	S. GOUTERMAN AND ASS, OCIATES, INC	
Address:	9631 NUTHATCH DRIVE	
City-St-Zip:	FAIRFAX STATION, VA 22039	
Title:	MGRM	( ) Delete
Name:	BAGBY, KEITH	
Address:	5102 PHEASANT WOODS DRIVE	
City-St-Zip:	LUTZ, FL 33558	
Title:	MGRM	( ) Delete
Name:	SPURLOCK, MITCHELL	
Address:	922 59TH STREET	
City-St-Zip:	ST. PETE BEACH, FL 33706	

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:	

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: R. KEITH BAGBY CFO 04/30/2008

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