

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045573

Entity Name: DIVCON FLORIDA, L.L.C.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1509 W. SWANN AVENUE
SUITE 240A
TAMPA, FL 33606

New Principal Place of Business:

6701 LAKE MABEL LOOP RD.
LAKE WALES, FL 33859

Current Mailing Address:

1509 W. SWANN AVENUE
SUITE 240A
TAMPA, FL 33606

New Mailing Address:

8120 HWY 182 E.
MORGAN CITY, LA 70380

FEI Number: 72-1460599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERRAS, SPIRO J
4538 BARTELT ROAD
HOLIDAY, FL 34690 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: DE ATLEY, CAROL C
Address: 8120 HIGHWAY 182 EAST
City-St-Zip: MORGAN CITY, LA 70380

Title: MGRM () Delete
Name: DE ATLEY, RONALD R
Address: 8120 HIGHWAY 182 EAST
City-St-Zip: MORGAN CITY, LA 70380

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DIVCON, LLC
Address: 8120 HIGHWAY 182 EAST
City-St-Zip: MORGAN CITY, LA 70380

Title: MGRM (X) Change () Addition
Name: DIVCON, LLC
Address: 8120 HIGHWAY 182 EAST
City-St-Zip: MORGAN CITY, LA 70380

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: CAROL CHILTON DE ATLEY

MGRM

04/30/2009

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