

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062418

FILED
Feb 26, 2009
Secretary of State

Entity Name: DIVERSIFIED GREEN SOLUTIONS LLC

Current Principal Place of Business:

660 W KENNEDY
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

660 W KENNEDY
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 26-2883725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINGFIELD, SIOBHAN
1021 E HARWOOD STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

J. GILMORE, MARSHALL
1150 LOUISIANA AVE.
SUITE #4
WINTER PARK, FL 32789 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: MARSHALL GILMORE

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIZAM, HAIM C
Address: 1021 E HARWOOD STREET
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: WALLACE, WILLIAM L
Address: 660 W., KENNEDY BLVD.
City-St-Zip: ORLANDO, FL 32810 US

Title: MGR () Change (X) Addition
Name: FELP, KEVIN
Address: 841 DRIVE BUICK AVENUE
City-St-Zip: ORLANDO, FL 32808

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: WILLIAM L. WALLACE

MGR

02/26/2009

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