

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000070490

Entity Name: CBT DIVERSIFIED LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

712 HIGHWAY 20  
HOLLISTER, FL 32147 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 9  
HOLLISTER, FL 32147 US

**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:**

THOMPSON, CLAUDIA B  
652 CEDAR CREEK ROAD  
PALATKA, FL 32177 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  
Name: THOMPSON, CLAUDIA B  
Address: 652 CEDAR CREEK ROAD  
City-St-Zip: PALATKA, FL 32177 US

Title: MGRM  
Name: THOMPSON, JOHN DAVID  
Address: P.O. BOX 9  
City-St-Zip: HOLLISTER, FL 32147 US

I hereby 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: CLAUDIA B THOMPSON

MGRM

04/21/2010

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