

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095697

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: DIAMOND INTERNATIONAL HOSPITALITY SUPPLY LLC

## Current Principal Place of Business:

4249 LB MCLEOD RD  
ORLANDO, FL 32811

## New Principal Place of Business:

4241 LB MCLEOD RD  
ORLANDO, FL 32811

## Current Mailing Address:

4249 LB MCLEOD RD  
ORLANDO, FL 32811

## New Mailing Address:

4241 LB MCLEOD RD  
ORLANDO, FL 32811

FEI Number: 94-3458426

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STUART, MEGHAN E  
2016 INDIAN RIVER DR  
COCOA, FL 32922 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: STUART, MEGHAN E  
Address: P O BOX 237506  
City-St-Zip: COCOA, FL 32923

Title: MGRM ( ) Delete  
Name: PATEL, DEVENDRA  
Address: 8462 SHADY GLEN DR  
City-St-Zip: ORLANDO, FL 32819

Title: MGRM ( ) Delete  
Name: TRIVEDI, HARESH  
Address: 13211 ROSKIN LN  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete  
Name: GAUTAM, JANENDRA  
Address: P O BOX 584  
City-St-Zip: CAPE CANAVERAL, FL 32920

## 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:

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: MEGHAN STUART

MGRM

04/30/2009

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