

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000008298

**FILED**  
**May 31, 2011**  
**Secretary of State**

**Entity Name:** DIVERSIFIED FINANCIAL SERVICES OF CHARLOTTE COUNTY LLC

**Current Principal Place of Business:**

4055 TAMIAMI TR, STE 28  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

4055 TAMIAMI TR, STE 9  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

4055 TAMIAMI TR, STE 28  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

4055 TAMIAMI TR, STE 9  
PORT CHARLOTTE, FL 33952

**FEI Number:** 26-4164235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAZQUEZ, WALTER O  
150 W. MCKENZIE STREET, #111  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

VAZQUEZ, WALTER O  
4055 TAMIAMI TR, STE 9  
PORT CHARLOTTE, FL 33952 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: WALTER VAZQUEZ

05/31/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: VAZQUEZ, WALTER O  
Address: 4055 TAMIAMI TR, STE 9  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: WALTER VAZQUEZ

CEO

05/31/2011

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