

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048394

**FILED**  
**Sep 16, 2010**  
**Secretary of State**

**Entity Name:** DIVERSIFIED MECHANICAL SERVICES, LLC

**Current Principal Place of Business:**

2232 SE 27TH STREET  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 60905  
FORT MYERS, FL 339066905

**New Mailing Address:**

P O BOX 60905  
FORT MYERS, FL 339066905 US

**FEI Number:** 94-3482540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAMS, KIMBERLEY  
2232 SE 27TH STREET  
CAPE CORAL, FL 33904 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: MGR  
Name: WILLIAMS, KIMBERLEY  
Address: 2232 SE 27TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

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: KIMBERLEY WILLIAMS

MGR

09/16/2010

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