

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY -4 PM 12: 26

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #

L97000000547

DIAMOND CUT TECHNOLOGIES, L.C.
P.O. BOX 247
MILTON FL 32752-0247

1a. Principal Place of Business Address

537 ELVA STREET
MILTON FL 32752

2. Principal Place of Business

537 Elva Street

Suite, Apt. #, etc.

2a. Mailing Address

P. O. Box 247

Suite, Apt. #, etc.

City & State

Milton, FL 32570

City & State

Milton, FL

Zip

32570

Country

USA

Zip

32572-0247

Country

USA

3. Date Organized or Qualified

05/15/1997

4. FEI Number

59-3431486

3a. State of Formation

FL

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

JOHNSON, MICHAEL E
2957 NO 36TH AVENUE
MILTON FL 32583

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

32583

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligation.

SIGNATURE

DATE

4-30-98

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM JOHNSON, MICHAEL E

2957 NO. 36TH AVENUE

MILTON FL

MGRM KENNEDY, ARLENE E

2625 DEL MAR DRIVE

GULF BREEZE FL

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****197.50 ****197.50

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

4-30-98 (850) 6263858

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #