

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000002095

1. Entity Name
DIVERSIFIED INVESTMENTS-HACIENDA, L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:44

Principal Place of Business
7800 PERSIMMON TREE LANE
BETHESDA, MD 20814

Mailing Address
7800 PERSIMMON TREE LANE
BETHESDA, MD 20814

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10202005 REIN-LLC CR2E101 (6/04)

City & State

City & State

4. FEI Number
52-2123816

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIVERSIFIED INVESTMENTS
701 N. HERCULES STE F
CLEARWATER, FL 33765

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME HAASE, BARRY
STREET ADDRESS 4340 EAST WEST HIGHWAY, SUITE 206
CITY-ST-ZIP BETHESDA, MD 20814

TITLE ☐ Change ☐ Addition
NAME 100060920421
STREET ADDRESS 10/25/05--01049--007 **\$0.00
CITY-ST-ZIP

TITLE MEM ☐ Delete
NAME MOREAU, PHILIP
STREET ADDRESS 4340 EAST WEST HIGHWAY, SUITE 206
CITY-ST-ZIP BETHESDA, MD 20814

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-19-05

Date

916-782-2224

Daytime Phone #