

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000006564

Entity Name: P.I.E. DIVERSIFIED SERVICES, LLC.

Current Principal Place of Business:

523 ELLIS ROAD S
JACKSONVILLE, FL 32254

Current Mailing Address:

523 ELLIS ROAD S
JACKSONVILLE, FL 32254

FEI Number: 27-2457337

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFORDS, KEN
523 ELLIS ROAD S
JACKSONVILLE, FL 32254 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COBB, MAXWELL S
Address 6721 ARQUES ROAD
City-State-Zip: JACKSONVILLE FL 32254

Title MGR
Name COBB, TAMI L
Address 6721 ARQUES ROAD
City-State-Zip: JACKSONVILLE FL 32254

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MAXWELL S. COBB

MGR

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date