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: SEPTER, MICHELE J

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 46-2108372

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

SEPTER, GARY W 3644 TORREY PINES BLVD SARASOTA, FL 34238 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	GARY SEPTER			01/17/2023	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MANAGER		
Name	GARY, SEPTER	Name	SEPTER, MICHELE J		
Address	3644 TORREY PINES BLVD	Address	3644 TORREY PINES BLVD		
City-State-Zip:	SARASOTA FL 34238	City-State-Zip:	SARASOTA FL 34238		

Certificate of Status Desired: No

OWNER

01/17/2023 Date

FILED Jan 17, 2023 Secretary of State 5914797125CC

### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT# L13000021746

Entity Name: DIAMOND CATASTROPHE RESTORATION, LLC

## **Current Principal Place of Business:**

3644 TORREY PINES BLVD SARASOTA, FL 34238

# **Current Mailing Address:**

3644 TORREY PINES BLVD SARASOTA, FL 34238 US