

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000136690

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC0714710216**

**Entity Name:** INVESTMENT GRADE DIAMOND EXCHANGE LLC

**Current Principal Place of Business:**

1391 NW SAINT LUCIE WEST BLVD #105  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

1391 NW SAINT LUCIE WEST BLVD #105  
PORT ST LUCIE, FL 34986 US

**FEI Number:** 30-0844732

**Certificate of Status Desired:** No

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

BANK, DARYL G  
1391 NW SAINT LUCIE WEST BLVD #105  
PORT ST LUCIE, FL 34986 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 BANK, DARYL G  
Address 1391 NW SAINT LUCIE WEST BLVD #105  
City-State-Zip: PORT ST LUCIE FL 34986

Title MGR  
Name BANK, CATRINA M  
Address 1391 NW SAINT LUCIE WEST BLVD #105  
City-State-Zip: PORT ST LUCIE FL 34986

Title MGR  
Name GIBSON, RAEANN  
Address 1391 NW SAINT LUCIE WEST BLVD #105  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** RAEANN GIBSON

**MGR**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date