

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000074457

Entity Name: T.V. DIVERSIFIED, LLC

Current Principal Place of Business:

6397 SHADOW CREEK VILLAGE CIR.
LAKE WORTH, FL 33463

Current Mailing Address:

6397 SHADOW CREEK VILLAGE CIR.
LAKE WORTH, FL 33463 US

FEI Number: 26-2114947

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VITALE, THOMAS V JR.
6397 SHADOW CREEK VILLAGE
LAKE WORTH, FL 33463 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	Title	MGR
Name	VITALE, THOMAS V JR	Name	CATHELL, DANIEL
Address	6397 SHADOW CREEK VILLAGE CIR.	Address	9155 WALLISVILLE RD.
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	HOUSTON TX 77029
Title	MGR		
Name	VELLANO, MICHAEL E		
Address	9155 WALLISVILLE RD.		
City-State-Zip:	HOUSTON TX 77029		

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: THOMAS V VITALE JR

MGR

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date