

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000071305

Entity Name: D-TOXIFI, LLC

FILED  
Sep 13, 2005  
Secretary of State

**Current Principal Place of Business:**

219 VENETIAN DR  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

1705 PALM COVE BLVD  
STE 302  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

219 VENETIAN DR  
DELRAY BEACH, FL 33483

**New Mailing Address:**

1705 PALM COVE BLVD  
STE 302  
DELRAY BEACH, FL 33445

FEI Number: 87-0733557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GREENE, FREDERICK F  
219 VENETIAN DR  
DELRAY BEACH, FL 33483      US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: GREENE, FREDERICK F  
Address: 219 VENETIAN DR  
City-St-Zip: DELRAY BEACH, FL 33483

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: GREENE, FREDERICK F  
Address: 1705 PALM COVE BLVD STE 302  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: FREDERICK F GREENE

MGR

09/13/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date