

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075288

Entity Name: NAC DYNAMICS, LLC

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

14141 46TH STREET N STE 1206
CLEARWATER, FL 33762 US

New Principal Place of Business:

Current Mailing Address:

14141 46TH STREET N STE 1206
CLEARWATER, FL 33762 US

New Mailing Address:

FEI Number: 16-1708919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, SCOTT F
4890 WEST KENNEDY BLVD
240
TAMPA, FL 33609 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: MGRM () Delete
Name: NEUBERT, TIMOTHY W
Address: 14141 46TH STREET N STE 1206
City-St-Zip: CLEARWATER, FL 33762 US

Title: VP () Delete
Name: GOFF, BARRY
Address: 14141 46TH STREET N STE 1206
City-St-Zip: CLEARWATER, FL 33762 US

Title: PART () Delete
Name: KIMZEY, RONALD R ESQ
Address: 14141 46TH STREET N STE 1206
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIMOTHY W. NEUBERT

PRES

03/19/2007

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