

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138095

**Entity Name:** DYNAMIC TOTAL HEALTH L.L.C.

**Current Principal Place of Business:**

29901 U.S HWY 19 NORTH  
CLEARWATER, FL 33761

**Current Mailing Address:**

29901 U.S HWY 19 NORTH  
CLEARWATER, FL 33761 US

**FEI Number:** 45-4289015

**Certificate of Status Desired:** No

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

DEPASQUALE, VINCENT  
5311 SPRING HILL DR  
SPRING HILL, FL 34606 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 MGRM  
Name DEPASQUALE, VINCENT  
Address 5311 SPRING HILL DR  
City-State-Zip: SPRING HILL FL 34606

Title MGRM  
Name EDGERTON, ERIC  
Address 29901 U.S HWY 19 NORTH  
City-State-Zip: CLEARWATER FL 33761

*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:** ERIC EDGERTON

DC

02/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date