

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000054273

**Entity Name:** DYNAM-X, LLC

**Current Principal Place of Business:**

671 NE 195 ST  
APT 325E  
MIAMI, FL 33179

**Current Mailing Address:**

671 NE 195 ST  
APT 325E  
MIAMI, FL 33179 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

NORRIS, MICHAEL  
671 NE 195 ST  
APT 325E  
MIAMI, FL 33179 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 NORRIS, MICHAEL  
Address 671 NE 195 ST APT 325E  
City-State-Zip: MIAMI FL 33179

Title MGR  
Name HARLIS, MACALEE  
Address 14161 SW 54TH ST  
City-State-Zip: MIRAMAR FL 33027

Title MGR  
Name ROUTE, JACK M  
Address 329 AURORA ST  
City-State-Zip: LANCASTER NY 14086

Title MGR  
Name MANISCALCO, NELSON  
Address 4841 IRVIN RD  
City-State-Zip: SLATINGTON PA 18080

*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:** JACK ROUTE

**COFOUNDER**

**06/09/2017**

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

\_\_\_\_\_  
Date