

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006360

FILED
Apr 05, 2005
Secretary of State

Entity Name: DIMAXX OF AMERICA, L.L.C.

Current Principal Place of Business:

2442 CRYSTEL DRIVE
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

2442 CRYSTEL DRIVE
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1092471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL & COMPANY, CPA, PA
1318 LAFAYETTE ST.
CAPE CORAL, FL 33904 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/MEMBERS:

Title: MGRM () Delete
Name: WERTZ, THEODORE
Address: 2442 CRYSTEL DRIVE
City-St-Zip: FT. MYERS, FL 33907

Title: MGRM (X) Delete
Name: MEYER, HEIKO
Address: 2442 CRYSTEL DRIVE
City-St-Zip: FT. MYERS, FL 33907

Title: MGRM (X) Delete
Name: HILL, THOMAS W
Address: 1318 LAFAYETTE ST.
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NUTRITION OFFICE COR, PORATION
Address: 1318 LAFAYETTE STREET
City-St-Zip: CAPE CORAL, FL 33904

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 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: NUTRITION OFFICE CORPORATION MGRM 04/05/2005

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