


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90422 024 ****50.00

DOCUMENT # L00000006360			
1. Entity Name DIMAXX OF AMERICA, L.L.C.			
Principal Place of Business 2442 CRYSTAL DRIVE FT. MYERS, FL 33907		Mailing Address 2442 CRYSTAL DRIVE FT. MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HILL & COMPANY, CPA, PA 1318 LAFAYETTE ST. CAPE CORAL, FL 33904		Name <u>THEODORE H. WERTZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>2442 CRYSTAL DR.</u> City <u>FT MYERS</u> FL Zip Code <u>33907</u>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Theodore H. Wertz</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>5-1-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUTRITION OFFICE CORPORATION <input checked="" type="checkbox"/> Delete 1318 LAFAYETTE STREET CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>THEODORE H. WERTZ</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2442 CRYSTAL DR</u> <u>FT MYERS, FL 33907</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Theodore H. Wertz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>5-1-07</u> Daytime Phone # <u>2395654198</u>	



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4. FEI Number 65-1092471 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required