

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90046 001 \*\*\*\*50.00

0018218

DOCUMENT # L01000001659

1. Entity Name  
**DYNO-PAK, L.L.C.**



Principal Place of Business

Mailing Address

~~3011 VOLUNTARY BRYAN RD~~  
~~ZOLFO SPRINGS FL 33890~~

~~3011 VOLUNTARY BRYAN RD~~  
~~ZOLFO SPRINGS FL 33890~~

2. Principal Place of Business

3. Mailing Address

**805 RIVER POINT DR**

**805 RIVER POINT DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**308C**

**308C**

City & State

City & State

**NAPLES, FL**

**NAPLES, FL**

Zip

Country **USA**

Zip

Country **USA**

**34102**

~~COVINGTON~~

**34102**

**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1077915**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVERS, KENNETH B**  
**424 WEST MAIN ST.**  
**WAUCHULA FL 33873**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM</b> <b>NFJMWJ MARITA TRUST</b> <b>20 MARKET ST.</b> <b>MANCHESTER NH 03101</b>	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
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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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* SECRETARY Date: **8-11-03** Time Phone #: **239-477-1929**

CR2E083 (4/03)