




**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000020181</b> 1. Entity Name <b>DMD CITRUS, LLC</b>			
Principal Place of Business <b>400 EAGLE LAKE LOOP ROAD, EAST WINTER HAVEN, FL 33884</b>		Mailing Address <b>P.O. BOX 589 WINTER HAVEN, FL 33882</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04032008No Chg-LLC      CR2E083 (12/07)	
		4. FEI Number <b>59-3757171</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>DUNSON, LESLIE W III 400 EAGLE LAKE LOOP ROAD, EAST WINTER HAVEN, FL 33884</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> <div>11000000997327 04/25/08-001139-013 128.75</div>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNSON, LESLIE W JR. 400 EAGLE LAKE LOOP ROAD, EAST WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASSEY, MICHAEL L 208 PAINE DR. WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNSON, LESLIE W III 400 EAGLE LAKE LOOP ROAD, EAST WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <b>LESLIE W. DUNSON III</b>		Date <b>4-11-08</b> Daytime Phone # <b>863-243-9888</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>			