

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/17/2003-90217-035-\$50.00-\$50.00

0056523

DOCUMENT # L02000010683

1. Entity Name

DYNAMIC FULFILLMENT, LLC + SERVICES, LLC



FILED

2003 FEB 25 PM 2:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

670 SHAWN OLINSTEAD
4620 NORTH HALE AVE.
TAMPA FL 33614

670 SHAWN OLINSTEAD
4620 NORTH HALE AVE.
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1641170

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GOODWIN, JAMES W.
400 N. TAMPA ST., STE. 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: MANAGER
NAME: JULIE CONNELL
STREET ADDRESS: 2109 BAYSHORE BLVD., #711
CITY-ST-ZIP: TAMPA, FL 33606

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NAME:
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10. ADDITIONS/CHANGES

TITLE:
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CITY-ST-ZIP:

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☐ Addition

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 person or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (10/02)