2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
May 02, 2003 8:00 am
Secretary of State

03-31-2003 90001 014 ****50.00

DOCUMENT # L02000012018

1. Entity Name
DMAC, LLC

Principal Place of Business	Mailing Address
12632 PINE ARBOR DR. CLERMONT FL 34711	12632 PINE ARBOR DR. CLERMONT FL 34711

2. Principal Place of Business	3. Mailing Address
14041 Vista Del Lago Blvd	4327 South Highway 27
Suite, Apt. #, etc.	Suite, Apt. #, etc. Box # 320
City & State: Clermont FL 34711	City & State: Clermont FL
Zip: 34711 Country: USA	Zip: 34711 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: ☐ 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
TOBIN & REYES, P.A. 7251 WEST PALMETTO PARK RD., STE. 205 BOCA RATON FL 33433	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		10. ADDITIONS/CHANGES	
TITLE	President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	David Macdonald	NAME	
STREET ADDRESS	14041 Vista Del Lago Blvd	STREET ADDRESS	
CITY-ST-ZIP	Clermont, FL 34711	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: David Macdonald SIGNATURE OF DAVID MACDONALD 3/18/03 3522410340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

David Macdonald 4/24/03