^2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000021877

1. Entity Name

DAKOTA TRANSFORMATION DYNAMICS, LLC



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90235 018 ****50.00

				COD WE TO	1		
1	lace of Business	Mailing Address		" _	-		
822 SUMMER BAY DR. ST. AUGUSTINE FL 32080 US		822 SUMMER BAY DR. St. Augustine Fl. 32080 US		20009508			
2. Principal	Place of Business	3. Mailing Address					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		- 1 nearsons are noting prost parks agent parks asked being 1980 (1981) (1981) (1981)			
City & St	oto				☐ CHECK HERE IF MAKING CHANGES		
Oity & St		City & State	<u> </u>		4. FEI Number 1/ 2 000	2	Applied For
Zíp	Country	Zip	Country		16-16288 5. Certificate of Status Desired		Not Applicable Additional
	6. Name and Address of Current	Registered Agent	<u>. </u>		7. Name and Address of New Re	Fee Requ	uired
WI	NKLER, FRED Man		N,	ame		gistered Agent	
822	2 SUMMER BAY DR.		St	reet Address (I	P.O. Box Number is Not Acceptable)		
ST.	AUGUSTINE FL 32080			<u> </u>			
	•			40.			
8. The above	a named entity submits this statement		Cit	•		FL Zip C	ode
the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered off	ice or registere	ed agent, or both, in the State of Flori	da. I am familiar wit	th, and accept
SIGNATURE	hell mille	- FRED WING		100/10	C 10 100	1 15	
	Signature, typed of printed name of registered agent ar		- , ,	t signature required v	⇔ K /// when reinstating)	1-10-6	25
	•	1	OW!!! FEE			DATE	
		Make Check Payable	e to Florida	Departmen	t of State		
9.		Due	By May 1,	2003			ĺ
TITLE	MANAGING MEMBER		10.		ADDITIONS/CI	HANGES	
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I. I hereby cer	rtify that the information supplied with this	s filing does not avelt to a	CITY-ST-ZiP	Щ			
indicated or limited liabil	rtify that the information supplied with this n this report is true and accurate and that ity company or the receiver or trustee em	t my signature shall have the ipowered to execute this repo	e exemption s same legal er ort as required	stated in Sectio ffect as if made d by Chanter 8	on 119.07(3)(i), Florida Statutes. I furth e under oath; that I am a managing r	ner certify that the in nember or manager	nformation r of the

SIGNATURE: JUSTINIA TO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE