

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024886

1. Entity Name

DYNAMIC SOLUTIONS ASSOCIATES LLC



Principal Place of Business

209 MOSS ROAD STE. 209
WINTER SPRINGS, FL 32708

Mailing Address

PO BOX 622082
OVIEDO, FL 32762-2082



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

80-0050521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORSCH, MARK V
2425 LEE ROAD
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ELSEY, VICTOR J
209 MOSS ROAD, SUITE 209
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CASES, RUSSELL J
209 MOSS ROAD, SUITE 209
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ELSEY, JENNIFER
209 MOSS ROAD, SUITE 209
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CASE, DAWNA L
209 MOSS ROAD, SUITE 209
WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000184238
01/20/05-80022-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10 Jan 2005 (407) 327-2141