


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90202 039 ***138.75

DOCUMENT # L04000024506	
1. Entity Name DYNAMIC GLOBAL SOLUTIONS, LLC	

Principal Place of Business 323 10TH AVENUE W SUITE 102 PALMETTO, FL 34221 US	Mailing Address 323 10TH AVENUE W SUITE 102 PALMETTO, FL 34221 US
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2. Principal Place of Business - No P.O. Box # 4823 Beacon Road	3. Mailing Address 4823 Beacon Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palmetto, FL	City & State Palmetto, FL
Zip 34221	Zip 34221
Country USA	Country USA

03102008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0951550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSE, ELLEN 323 10TH AVENUE W SUITE 102 PALMETTO, FL 34221	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

I, the above named entity, submit 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 Ellen Rose Ellen Rose / Managing Director 3/10/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, ELLEN 4823 BEACON ROAD PALMETTO, FL 34221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE Ellen Rose Ellen Rose / Managing Director 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #