

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035929

FILED
Apr 30, 2012
Secretary of State

Entity Name: DYNAMIX PRODUCT DEVELOPMENT & MARKETING GROUP, LLC

Current Principal Place of Business:

915 DOYLE ROAD
SUITE 303 / BOX 107
DELTONA, FL 32725

New Principal Place of Business:

6325 ALL AMERICAN BLVD.
6325
ORLANDO, FL 32810

Current Mailing Address:

915 DOYLE ROAD
SUITE 303 - BOX 107
DELTONA, FL 32725

New Mailing Address:

FEI Number: 20-4575189 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PHELPS, DAVID CHRMAN
1516 FORT SMITH BLVD
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PFP, LLC
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107
City-St-Zip: DELTONA, FL 32725

Title: MGRM
Name: DRAKE, DOUGLAS D PRES.
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107
City-St-Zip: DELTONA, FL 32725

Title: MGRM
Name: DFF, LLC
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107
City-St-Zip: DELTONA, FL 32725

Title: MGRM
Name: DRAKE, KURT
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107
City-St-Zip: DELTONA, FL 32725

Title: MGRM
Name: DAY, JUSTIN
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107
City-St-Zip: DELTONA, FL 32725

Title: MGRM
Name: POWELL, APRIL
Address: 915 DOYLE ROAD - SUITE 303 - BOX 107
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 PHELPS

MGR

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date