2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007
Secretary of State

DOCUMENT# L06000030496

Entity Name: DYM FLORIDA LLC

Current Principal Place of Business:

7345 SAND LAKE ROAD #407
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7345 SAND LAKE ROAD #407
ORLANDO, FL 32819

New Mailing Address:

7345 SAND LAKE ROAD
407
ORLANDO, FL 32819

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SRESNEWSKY, SOLANGE
7345 SAND LAKE ROAD #406
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

SRESNEWSKY, SOLANGE E RA
7345 SAND LAKE ROAD
407
ORLANDO, FL 32819 US

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: SOLANGE ELIAS SRESNEWSKY 05/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: MORAES, DECIO MGR
Address: 51 NORTH MEAD FARM RD
City-St-Zip: SEYMOUR, CT 06483

Title: MRS. ( ) Change (X) Addition
Name: MORAES, YARA MARIA F MGR
Address: 51 NORTH MEAD FARM RD
City-St-Zip: SEYMOUR, CT 06483

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DECIO MORAES MR. 05/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date