
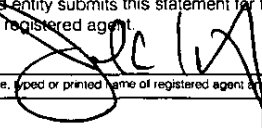
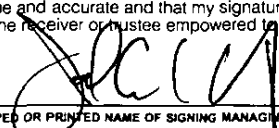


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90112 035 ***143.75

DOCUMENT # L07000111568 1. Entity Name DYNAMIC LIFE IMPROVEMENT, LLC.		
Principal Place of Business 4155 AFTON CT. WEST PALM BEACH, FL 33409 US		Mailing Address 4155 AFTON CT. WEST PALM BEACH, FL 33409 US
2. Principal Place of Business - No P.O. Box # 3882 Jonathans Way Suite, Apt. #, etc.	3. Mailing Address 3882 Jonathans Way Suite, Apt. #, etc.	
City & State Boynton Beach, FL Zip 33436	City & State Boynton Beach, FL Zip 33436	Country USA
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GRIFFEY, JOHN 4155 AFTON CT. WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM GRIFFEY, JOHN 4155 AFTON CT WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM GRIFFEY, BEATRIZ 4155 AFTON CT WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4/10/08 Daytime Phone # 561-946-5251

50003466



04132008 Chg-LLC CR2E083 (12/06)