

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007724

Entity Name: DIMENSIONS CAPITAL, LLC

FILED
May 21, 2009
Secretary of State

Current Principal Place of Business:

1750 EAGLE DR
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

1750 EAGLE DR
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 74-3248548 FEI Number Applied For () 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:

Name and Address of New Registered Agent:

STOLTZFUS, TERRELL
1750 EAGLE DR
CANTONMENT, FL 32533 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STOLTZFUS, TERRELL
Address: 1750 EAGLE DR
City-St-Zip: CANTONMENT, FL 32533

Title: MGR () Delete
Name: STOLTZFUS, PATRICIA
Address: 1750 EAGLE DR
City-St-Zip: CANTONMENT, FL 32533

Title: MGR (X) Delete
Name: FAULK, TERISTIA S
Address: 1750 EAGLE DR
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TERRELL STOLTZFUS

MGR

05/21/2009

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