

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066268

Entity Name: DMD INNOVATIONS, LLC

FILED  
Jan 07, 2009  
Secretary of State

## Current Principal Place of Business:

3901 VALRICO GROVE DR  
VALRICO, FL 33594

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 6696  
BRANDON, FL 335086696

## New Mailing Address:

PO BOX 6696  
BRANDON, FL 335086696 US

FEI Number: 26-2953810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MCCLEARY, DANIEL  
11014 SAILBROOK DR  
RIVERVIEW, FL 33579 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: MCCLEARY, DAN PRES  
Address: 11014 SAILBROOKE DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP ( ) Change (X) Addition  
Name: GAFFIN, MARK VP  
Address: 3901 VALRICO GROVE DR  
City-St-Zip: VALRICO, FL 33594

Title: VP ( ) Change (X) Addition  
Name: DEVIN, JENSEN VP  
Address: 3646 WOODHILL DRIVE  
City-St-Zip: BRANDON, FL 33511

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: MARK GAFFIN

VP

01/07/2009

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