

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000072585

Entity Name: DNAIMPACT!, LLC

**FILED**  
**Jan 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

360 CENTRAL AVE., SUITE 1230  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

360 CENTRAL AVE., SUITE 1230  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVEN K. BAIRD, P.A.  
5981 NE 6TH AVE.  
MIAMI, FL 33137 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: MGRM  
Name: NIXON, NORMA J  
Address: 360 CENTRAL AVE., SUITE 1230  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM  
Name: SUTPHEN, REBECCA  
Address: 360 CENTRAL AVE., SUITE 1230  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGR  
Name: NIXON, DAVID P  
Address: 360 CENTRAL AVE., SUITE 1230  
City-St-Zip: ST. PETERSBURG, FL 33701 US

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 P. NIXON

MGRM

01/30/2012

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