

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90019 025 ****50.00

DOCUMENT # M00000001760

1. Entity Name
DYNAMIC LICENSING, LLC



Principal Place of Business

3324 VACATION LANE
ST. JAMES CITY FL 33956

Mailing Address

3324 VACATION LANE
ST. JAMES CITY FL 33956

2. Principal Place of Business

5567 Doug Taylor Circle

Suite, Apt. #, etc.

3. Mailing Address

5567 Doug Taylor Circle

Suite, Apt. #, etc.

City & State

St. James City, FL

Zip
33956

Country
Lee

City & State

St. James City, FL

Zip
33956

Country
Lee

4. FEI Number 65-1031309

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

FEIDNER, JOSEPH A
3324 VACATION LANE
ST. JAMES CITY FL 33956

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FEIDNER, JOSEPH A**
STREET ADDRESS **3324 VACATION LANE**
CITY-ST-ZIP **ST. JAMES CITY FL 33956**

TITLE **MGRM** ☐ Delete
NAME **GRAY, MARK S**
STREET ADDRESS **7705 NATIONAL ROAD**
CITY-ST-ZIP **PATASKALA OH 43062**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

2-18-03

239-283-3338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)