

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90078 015 ****50.00

DOCUMENT # M02000002574

1. Entity Name
DYNAMIC MANAGEMENT COMPANY, LLC



Principal Place of Business
1210 BRIARVILLE RD., BLDG F
MADISON, TN 37115

Mailing Address
1210 BRIARVILLE RD., BLDG F
MADISON, TN 37115

43000100



06302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0433980

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BARBER, W. CRAIG
STREET ADDRESS	1210 BRIARVILLE RD., BLDG F
CITY-ST-ZIP	MADISON, TN 37115
TITLE	MGR
NAME	LANGFORD, KORI L
STREET ADDRESS	1210 BRIARVILLE RD., BLDG F
CITY-ST-ZIP	MADISON, TN 37115
TITLE	MGR
NAME	LANGFORD, BOB
STREET ADDRESS	1210 BRIARVILLE ROAD
CITY-ST-ZIP	MADISON, TN 37115
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

7/1/04

615 277-1280