

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-26-2003 90010 016 \*\*\*\*50.00

0023237 MB

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **03-0433980**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BARBER, W. CRAIG**  
**1210 BRIARVILLE RD., BLDG F**  
**MADISON TN 37115**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**LANGFORD, KORI L**  
**1210 BRIARVILLE RD., BLDG F**  
**MADISON TN 37115**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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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**

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

8/13/03

Date

615 277-1290

Daytime Phone #

CR2E083 (4/03)

*Attachment*

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M02000002574**

1. Entity Name  
**DYNAMIC MANAGEMENT COMPANY, LLC**



*Keep Company  
Active in the  
State of Florida*

**90152674**

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☐ CHECK HERE IF MAKING CHANGES

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Not Applicable

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