

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90147 045 ****50.00

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01162007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000000790 1. Entity Name DYNAMIC FIRE PROTECTION, LLC					
Principal Place of Business 1200 LAW ROAD STARKVILLE, MS 39759			Mailing Address 1200 LAW ROAD STARKVILLE, MS 39759		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-3202607	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOMEN, PAUL 2910 SNOW DRIVE DELTONA, FL 32738				7. Name and Address of New Registered Agent Name Becky Clifton Street Address (P.O. Box Number is Not Acceptable) 13 Plantation Blvd City Lake Worth FL Zip Code 33467	
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 <u><i>Becky Clifton</i></u> DATE <u>1/6/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LOMEN, MARK 712 PERSIMMON DRIVE STARKVILLE, MS 32759	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDERSON, MIKE R 101 SHADOWWOOD DRIVE STARKVILLE, MS 39759	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDERSON, MIKE R 101 SHADOWWOOD DRIVE STARKVILLE, MS 39759	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDERSON, MIKE R 101 SHADOWWOOD DRIVE STARKVILLE, MS 39759	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDERSON, MIKE R 101 SHADOWWOOD DRIVE STARKVILLE, MS 39759	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENDERSON, MIKE R 101 SHADOWWOOD DRIVE STARKVILLE, MS 39759	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Mark Lomen</i></u> / mark lomen		Date: <u>1/17/07</u>		Daytime Phone #: <u>662-324-1550</u>	