I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and
that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN D SULLIVAN

Electronic Signature of Signing Authorized Person(s) Detail

CEO

03/14/2016

Date

# 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L10000004949

#### Entity Name: DYNAMIC INTEGRATED SERVICES, LLC

# Current Principal Place of Business:

850 WOODBINE DR PENSACOLA, FL 32503

#### **Current Mailing Address:**

8737 COLESVILLE RD SUITE 501 SILVER SPRING, MD 20910 US

### FEI Number: 27-4903539

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

SULLIVAN, JOHN D 645 MAYPORT RD. SUITE 1 ATLANTIC BEACH, FL 32233 US

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.

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SIGNATURE:	JOHN DANIEL SULLIVAN			03/14/2016		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	AUTHORIZED MEMBER	Title	CEO			
Name	MUELLER, WILLIAM K	Name	SULLIVAN, JOHN D			
Address	1120 COTTAGE PL	Address	850 WOODBINE DR			
City-State-Zip:	NORFOLK VA 23503	City-State-Zip:	PENSACOLA FL 32503			

## FILED Mar 14, 2016 Secretary of State CC9152322056

Certificate of Status Desired: No