

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000156273

**Entity Name:** DYON'S DYNASTY LLC

**Current Principal Place of Business:**

4727 PLANTERS RIDGE DRIVE  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

POST OFFICE BOX 8767  
WEST PALM BEACH, FL 33407 US

**FEI Number: 82-2259945**

**Certificate of Status Desired: Yes**

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

GRICE, AMIRA D  
4727  
TALLAHASSEE, FL 32311 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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            GRICE, AMIRA D  
Address        4727 PLANTERS RIDGE DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

Title            AUTHORIZED REPRESENTATIVE,  
                         CFO  
Name            GRICE-PHILIP, NATALIE J  
Address        4727 PLANTERS RIDGE DRIVE  
City-State-Zip: TALLAHASSEE FL 32311

Title            AUTHORIZED REPRESENTATIVE,  
                         COO  
Name            GRANGER, ABIAD K  
Address        1214 AVONDALE LANE  
City-State-Zip: WEST PALM BEACH FL 33409

*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: AMIRA D. GRICE**

**CEO**

**04/26/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date