

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110882

FILED
Jun 09, 2009
Secretary of State

Entity Name: BLUE DREAMS, LLC

Current Principal Place of Business:

1761 CORAL RIDGE DR
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

1440 CORAL RIDGE DR
238
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

1761 CORAL RIDGE DR
CORAL SPRINGS, FL 33071 US

New Mailing Address:

1440 CORAL RIDGE DR
238
CORAL SPRINGS, FL 33071 US

FEI Number: 26-1346924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ZAVADZKAS, GINTAUTAS
1761 CORAL RIDGE DR
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ZAVADZKAS, GINTAUTAS
1440 CORAL RIDGE DR
238
CORAL SPRINGS, FL 33071 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

06/09/2009

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ZAVADZKAS, GIUSEPPE
Address: 1761 CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZAVADZKAS, GIUSEPPE
Address: 1440 CORAL RIDGE DR #238
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: GIUSEPPE ZAVADZKAS

PRE

06/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date