## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000048956

**Entity Name: PISCES DREAMS LLC** 

**Current Principal Place of Business:** 

5807 NW DOOLEY CIR

PORT SAINT LUCIE. FL 34986

**Current Mailing Address:** 

5807 NW DOOLEY CIR

PORT SAINT LUCIE. FL 34986

FEI Number: 46-2517129 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOOLSBY-TOLBERT, CHRISTINE F 5807 NW DOOLEY CIR PORT SAINT LUCIE, FL 34986 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: CHRISTINE F GOOLSBY-TOLBERT 02/22/2015

Electronic Signature of Registered Agent

Date

**FILED** Feb 22, 2015

**Secretary of State** 

CC0467664967

Authorized Person(s) Detail:

Name

Title MANAGER, AUTHORIZED MEMBER, Title AUTHORIZED MEMBER

AUTHORIZED REPRESENTATIVE GOOLSBY, ROBERT E Name GOOLSBY-TOLBERT, CHRISTINE F 1821 SE 24TH BLVD Address

5807 NW DOOLEY CIR Address OKEECHOBEE FL 34974 City-State-Zip:

City-State-Zip: PORT SAINT LUCIE FL 34986

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: CHRISTINE F GOOLSBY-TOLBERT

**MANAGER** 

02/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date