

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000262972

**Entity Name:** BASKETS OF DREAMS LLC

**Current Principal Place of Business:**

232 DELRAY DR  
PENSACOLA, FL 32507

**Current Mailing Address:**

232 DELRAY DR  
PENSACOLA, FL 32507 US

**FEI Number: 80-0419411**

**Certificate of Status Desired:** No

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

CHRISTINA POWERS TAX  
1805 CREIGHTON RD STE 5  
PMB 212  
PENSACOLA, FL 32504 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:** CHRISTINA POWERS

01/17/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name THOMPSON, MARLENE  
Address 232 DELRAY DRIVE  
City-State-Zip: PENSACOLA FL 32507

*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:** MARLENE THOMPSON

AMBR

01/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date