

2018 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: APPLIED FOR

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

04/14/2018

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

04/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date