

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000379314

**Entity Name:** ECLECTIC DREAMS LLC

**Current Principal Place of Business:**

5370 US-1  
COCOA, FL 32927

**Current Mailing Address:**

7020 BISMARCK RD.  
COCOA, FL 32927 US

**FEI Number:** 85-4320909

**Certificate of Status Desired:** No

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

SWEENEY, LISA  
7020 BISMARCK RD.  
COCOA, FL 32927 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:** LISA SWEENEY

04/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | CFO               | Title           | COO               |
| Name            | SWEENEY, LISA     | Name            | SWEENEY, SAMANTHA |
| Address         | 7020 BISMARCK RD. | Address         | 6850 BRIGHT AVE   |
| City-State-Zip: | COCOA FL 32927    | City-State-Zip: | COCOA FL 32927    |

*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:** LISA SWEENEY

CFO

04/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date