2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State
05-22-2002 90211 004 ***150.00

DOCUMENT # L01000003462

42649

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name
TWILIGHT DREAMS, LLC

Principal Place of Business	Mailing Address
220 ARNOLD LANE WINTER SPRINGS FL 32708	220 ARNOLD LANE WINTER SPRINGS FL 32708

2. Principal Place of Business	3. Mailing Address
1171 CR 309	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crescent City, FL	City & State
Zip: 32112 Country: Putnam	Zip Country

4. FEI Number: 59-3753340 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VISE, MICHAEL J 220 ARNOLD LANE WINTER SPRINGS FL 32708	Name: Joyce Diane Hindman Street Address (P.O. Box Number is Not Acceptable): 1171 CR 309 City: Crescent City FL Zip Code: 32112

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Joyce Diane Hindman
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VISE, MICHAEL J 220 ARNOLD LANE WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM VISE, LANA M 220 ARNOLD LANE WINTER SPRINGS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM THROGMORTEN, JAME 23800 CLARK RD BELLEVIEW MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM THROGMORTEN, WILLIE M 23800 CLARK RD BELLEVIEW MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM HINDMAN, JOYCE D 23800 CLARK RD BELLEVIEW MI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment [redacted] 42649
L0100000003462

Security enhanced document. See back for details.

1079

966035

TWILIGHT DREAMS
1171 COUNTY ROAD 309
CRESCENT CITY, FL 32112-4813

63-4/630 FL
9632

DATE 4-29-02

PAY TO THE ORDER OF Department of State $ 150.00

One Hundred - fifty dollars DOLLARS

Bank of America.

ACH R/T 063100277

FOR

Inga Diane Hendrian MP

⑈001079⑈ ⑆063000047⑆ 003069850528⑈ ⑈0000015000⑈

GUARDIAN ® SAFETY