

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90087 005 ****50.00

DOCUMENT # L01000012231

1. Entity Name

DREAMS OF PARADISE, LLC



NE
F

Principal Place of Business

Mailing Address

% ROLAND BLOSSER
960 JEFFERY STREET
BOCA RATON FL 33487

% ROLAND BLOSSER
960 JEFFERY STREET
BOCA RATON FL 33487

2. Principal Place of Business

60 WILHELM DR.

3. Mailing Address

60 WILHELM DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD FL.

City & State

ENGLEWOOD FL

Zip

34223

Country

USA

Zip

34223

Country

USA

4. FEI Number **65-1126071**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☒ CHECK HERE-IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIGLER, KAREN J
499 NW 70TH AVENUE, #105
PLANTATION FL 33317

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

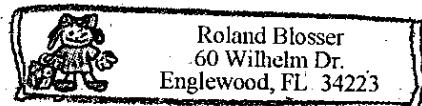
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Dept. of State
Due By September 24,



9. MANAGING MEMBERS/MANAGERS

10.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BLOSSER, ROLAND
960 E JEFFERY STREET
BOCA RATON FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NEW ADDRESS ONLY

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WHITING, DEBORAH
960 E JEFFERY STREET
BOCA RATON FL 33487

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

60 WILHELM DR.
ENGLEWOOD FL
34223

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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 OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
ROLAND BLOSSER

JULY 11 03

954-610-5247

Date

Daytime Phone #

CR2E083 (4/03)