

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

03-19-2003 90043 017 ****50.00

DOCUMENT # L02000005899

1. Entity Name

A QUILTER'S DREAM, LLC



Principal Place of Business
11123 FOUNTAIN LAKE BLVD
LEESBURG FL 34788
US

Mailing Address
11123 FOUNTAIN LAKE BLVD
LEESBURG FL 34788
US

2. Principal Place of Business

~~11123~~ 125 W. Main St
Suite, Apt. #, etc.

3. Mailing Address

125 W. Main St
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Leesburg, FL

City & State

Leesburg FL

4. FEI Number

30-0000375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CZERNUCH, CONSTANCE K
11123 FOUNTAIN LAKE BLVD
LEESBURG FL 34788

7. Name and Address of New Registered Agent

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

Constance K Czerlich *Constance K Czerlich* 3/17/03
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 Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME, STREET ADDRESS CITY-ST-ZIP
MGRM CZERNUCH, CONSTANCE K
11123 FOUNTAIN LAKE BLVD
LEESBURG FL 34788 ☐ Delete

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME, STREET ADDRESS CITY-ST-ZIP
MGRM CZERNUCH, CONSTANCE
125 W. Main St
Leesburg FL 34747 ☒ Change ☐ Addition

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME, STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME, STREET ADDRESS 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:

Constance K Czerlich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/2/03 352-728-1482
Date Daytime Phone #

CR2E083 (10/02)