

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90057 006 \*\*\*\*50.00

DOCUMENT # L02000032607

1. Entity Name

JIMMY DREAMS, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

200 PO Box 1930  
Orange Ave

PO Box 1930

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Edgewater FL MD

City & State  
Edgewater MD

Zip 21037  
32801

Country  
USA USA

Zip 21037

Country  
USA

4. FEI Number

41 2070389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Glenn Adams

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

200 S Orange Ave

City

Orlando

FL

Zip Code

32801

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

(Sole Member) Trustee  
James Kushlan  
PO Box 1930  
Edgewater MD 21037

TITLE  
NAME  
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**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/02)

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:

James A Kushlan

2 16 03 4439569548

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

Date

Daytime Phone #