

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90081 039 ****50.00

DOCUMENT # L03000024046

1. Entity Name
DREAMCATCHER, LLC



Principal Place of Business Mailing Address
~~773 S. KIRKMAN ROAD~~ **721 Delmonico St NE** P O BOX 100032
~~SUITE 118~~ **Palm Bay FL** PALM BAY, FL 32910-0032 US
~~ORLANDO, FL 32811 US~~ **32907**



04062005 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
20-0066094

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SMALL BUSINESS RESOURCES, INC.~~ **John Saporita**
~~773 S. KIRKMAN ROAD~~
~~SUITE 118~~ **721 Delmonico St NE**
~~ORLANDO, FL 32811~~ **PALM BAY FL 32907**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
BRENN, JAME G
PO BOX 100032
PALM BAY, FL 32910**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Date

Daytime Phone #