


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000053186		
1. Entity Name DAY DREAM DESIGNS, LLC		
Principal Place of Business 3913 MESA RD DESTIN, FL 32541		Mailing Address 3913 MESA RD DESTIN, FL 32541
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRANT, JENNIFER 3913 MESA RD DESTIN, FL 32541		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGRM	
NAME	GRANT, JENNIFER	
STREET ADDRESS	3913 MESA RD	
CITY-ST-ZIP	DESTIN, FL 32541	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 808, Florida Statutes.		
SIGNATURE: <u>Jennifer Grant</u>		Date: <u>2.18.05</u> Daytime Phone #: <u>850-830-4108</u>



02172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
72-1576469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required