

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000003273

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** DREAMMAKERS STONE, LLC

**Current Principal Place of Business:**

11598 WICKERHILL PL.  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

1025 GREAT OAKS DR.  
GULF BREEZE, FL 32563 US

**Current Mailing Address:**

11598 WICKERHILL PL.  
PENSACOLA, FL 32514 US

**New Mailing Address:**

1025 GREAT OAKS DR.  
GULF BREEZE, FL 32563 US

**FEI Number:** 04-3787245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLSTON, MICHAEL D  
11598 WICKERHILL PL.  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

HOLSTON, MICHAEL D  
1025 GREAT OAKS DR.  
GULF BREEZE, FL 32563 US

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.

**SIGNATURE:** MICHAEL HOLSTON

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HOLSTON, MICHAEL D  
**Address:** 1025 GREAT OAKS DR.  
**City-St-Zip:** GULF BREEZE, FL 32563 US

**Title:** MGRM  
**Name:** HOLSTON, AMANDA C  
**Address:** 1025 GREAT OAKS DR.  
**City-St-Zip:** GULF BREEZE, FL 32563 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** MICHAEL HOLSTON

MGRM

05/01/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date