## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L05000079691**

Entity Name

IDEAL DALLAS HOLDINGS, LLC



Principal Place of Business

966 PT. SEASIDE DRIVE CRYSTAL BEACH, FL 34681 Mailing Address

PO BOX 560

CRYSTAL BEACH, FL 34681

# FILED May 14, 2008 8:00 am Secretary of State

05-14-2008 90078 028 \*\*\*138.75

60040973



05022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3305476	Г	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

WEBER, JILL MRS. 966 PT. SEASIDE DRIVE CRYSTAL BEACH, FL 34681

# 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 agen) and	utle il applicable. (NOTE: Registered	Agent signature required when reinstating)	DATE	
FILE Due	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s. 607.1 liability company did not rec	93(2)(b), F.S., the limited eive the prior notice.		
9.	MANAGING MEMBERS	MANAGERS		* : : : :	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, JED PO BOX 560 CRYSTAL BEACH, FL 34681				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, JILL PO BOX 560 CRYSTAL BEACH, FL 34681				
NAME STREET ADDRESS CITY-S1-ZIP			DO NOT V	WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS S	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated	on this report is true and accurate and the	iat my signature shall have the sam	emptions contained in Chapter 119, Florida Statute le legal effect as if made under oath; that I am a r s required by Chapter 608, Florida Statutes.	s. I further certify that the information nanaging member or manager of the	