

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000017461

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** DARE 2 DREAM LIMOUSINE SERVICE LLC

**Current Principal Place of Business:**

11448 MONTEGO BAY DR. W.  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

1038-5 DUNN AVE PMB #14  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

**FEI Number:** 76-0818221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIDD, WARREN  
11448 MONTEGO BAY DR. W.  
JACKSONVILLE, FL 32218 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** KIDD, WARREN  
**Address:** 11448 MONTEGO BAY DR. W.  
**City-St-Zip:** JACKSONVILLE, FL 32218 US

**Title:** MGRM  
**Name:** KIDD, MICHELLE Y  
**Address:** 11448 MONTEGO BAY DR. W.  
**City-St-Zip:** JACKSONVILLE, FL 32218 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:** WARREN KIDD

MGRM

04/12/2012

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