

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055619

Entity Name: DREAMMAKER PORTRAITS, LLC

FILED  
Feb 05, 2009  
Secretary of State

## Current Principal Place of Business:

518 CORAL TRACE BLVD  
EDGEWATER, FL 32132

## New Principal Place of Business:

209-52 41ST AVE  
BAYSIDE, NY 11361

## Current Mailing Address:

PO BOX 367  
EDGEWATER, FL 32132

## New Mailing Address:

209-52 41ST AVE  
BAYSIDE, NY 11361

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, ANGELO A  
518 CORAL TRACE BLVD  
EDGEWATER, FL 32132 US

## Name and Address of New Registered Agent:

GARCIA, ANGEL  
518 CORAL TRACE BLVD  
EDGEWATER, FL 32132 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: ANGEL GARCIA

02/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GARCIA, CARMEN  
Address: PO BOX 367  
City-St-Zip: EDGEWATER, FL 32132

Title: MGRM (X) Delete  
Name: GARCIA, ANGELO A  
Address: P.O. BOX 367  
City-St-Zip: EDGEWATER, FL 32132

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GARCIA, HECTOR  
Address: 209-52 41ST AVE  
City-St-Zip: BAYSIDE, NY 11361

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: HECTOR GARCIA

MGR

02/05/2009

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