

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117041

Entity Name: DREAMCO DESIGN LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

19135 US HWY 19N #E17
CLEARWATER, FL 33764 US

New Principal Place of Business:

657 SOUTH 8TH STREET
WEST DUNDEE, IL 60118 US

Current Mailing Address:

19135 US HWY 19N #E17
CLEARWATER, FL 33764 US

New Mailing Address:

657 SOUTH 8TH STREET
WEST DUNDEE, IL 60118 US

FEI Number: 20-8008729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA-INCORPORATIONS.NET INC
3219 CORAL RIDGE DR.
CORAL SPRINGS, FL 33065 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 () Delete
Name: CORREIA, JASON
Address: 19135 US HWY 19N #E17
City-St-Zip: CLEARWATER, FL 33764 US

Title: MGRM () Delete
Name: MCCUE, SEAN R
Address: 19135 US HWY 19N #E17
City-St-Zip: CLEARWATER, FL 33764 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORREIA, JASON
Address: 801 SOUTH 1ST STREET
City-St-Zip: WEST DUNDEE, IL 60118 US

Title: MGRM (X) Change () Addition
Name: MCCUE, SEAN R
Address: 600 WATER STREET #2I
City-St-Zip: EAST DUNDEE, FL 60118 US

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: JASON CORREIA

CEO

04/25/2008

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