

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000091237

Entity Name: CAVIAR DREAMS, LLC

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1743 HUNTINGTON LANE  
UNIT 113  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 562774  
ROCKLEDGE, FL 32956

**New Mailing Address:**

FEI Number: 01-0904008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CLONEY, CHRIS  
661 BREVARD AVE.  
COCOA, FL 32922 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: THISTLE, LAURA D  
Address: 615 N. COCOA BLVD.  
City-St-Zip: COCOA, FL 32922

Title: MGRM  
Name: THISTLE, JAMES R SR.  
Address: 615 N. COCOA BLVD.  
City-St-Zip: COCOA, FL 32922

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: LAURA D. THISTLE

MGRM

04/19/2010

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