

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034479

Entity Name: CODED DREAMS, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

6586 HYPOLUXO RD.
SUITE 244
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6586 HYPOLUXO RD.
SUITE 244
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTAGINE, ROBERT V
7177 CHARLESTON POINT DRIVE
LAKE WORTH, FL 33467 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: CARTAGINE, ROBERT V
Address: 7177 CHARLESTON POINT DRIVE
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM () Delete
Name: FERRERI, CHRISTINA M
Address: 2606 S. ARLINGTON MILL DR. APT. D
City-St-Zip: ARLINGTON, VA 22206

ADDITIONS/CHANGES:

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

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: ROBERT V CARTAGINE MGRM 04/30/2009

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