

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043571

FILED
Jun 28, 2009
Secretary of State

Entity Name: DREAMERS OF NORTHEAST FLORIDA, LLC

Current Principal Place of Business:

1520 FRANKLIN STREET
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

1520 FRANKLIN STREET
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARLOW, GARY
3744 CAYMAN CIR.
FERNANDINA BEACH, FL 32034 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MARLOW, GARY
Address: 1520 FRANKLIN STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title: MGR () Delete
Name: MCCONNELL, DAVE
Address: 1520 FRANKLIN STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: MGR (X) Change () Addition
Name: MCCONNELL, DAVE
Address: P.O. BOX 5413
City-St-Zip: ST MARYS, GA 31558

Title: MGR () Delete
Name: BROWN, LARRY
Address: 85594 KIRKLAND ROAD
City-St-Zip: YULEE, FL 32097

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

Title: MGR () Delete
Name: WATSON, GARRY
Address: 1520 FRANKLIN STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

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

Title: MGR () Delete
Name: VEREEN, DANIEL
Address: 11111 COPPERHILL DR.
City-St-Zip: JACKSONVILLE, FL 32218

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

Title: MGRM () Delete
Name: AFLLEJE, MANUEL
Address: 2072 CHAZZ PLACE
City-St-Zip: YULEE, FL 32097

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: DAVE MCCONNELL

MGR

06/28/2009

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