# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 16, 2009**
**Secretary of State**

DOCUMENT# L08000078612

**Entity Name:** NUSS DREAMS LLC

**Current Principal Place of Business:**

136 GOLDEN GATE POINTE
APT. 102
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

136 GOLDEN GATE POINTE
APT. 102
SARASOTA, FL 34236

**New Mailing Address:**

P.O. BOX 4009
SARASOTA, FL 34230

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

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

WATERS, ELISABETH
136 GOLDEN GATE POINTE
APT. 102
SARASOTA, FL 34236 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition
Name: SCHAERF, SIMONE
Address: 136 GOLDEN GATE POINTE, APT#102
City-St-Zip: SARASOTA, FL 34236

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: SIMONE SCHAERF MGRM 02/16/2009

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