

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011693

**FILED**  
**May 23, 2010**  
**Secretary of State**

**Entity Name:** DREAM LOVE GIVE DLG LLC

**Current Principal Place of Business:**

3682 N. WICKHAM ROAD  
B1-223  
MELBOURNE, FL 32935

**New Principal Place of Business:**

1270 N. WICKHAM ROAD  
16-522  
MELBOURNE, FL 32935

**Current Mailing Address:**

3682 N. WICKHAM ROAD  
B1-223  
MELBOURNE, FL 32935

**New Mailing Address:**

1270 N. WICKHAM ROAD  
16-522  
MELBOURNE, FL 32935

**FEI Number:** 80-0342982      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

TERRI, LUBNIEWSKI A  
2445 MCGRAW AVE.  
MELBOURNE, FL 32934      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:** LUBNIEWSKI, TERRI A  
**Address:** 1270 N. WICKHAM ROAD 16-522  
**City-St-Zip:** MELBOURNE, FL 32935

**Title:** MGRM  
**Name:** ANGELA, MIELE M  
**Address:** 1270 N. WICKHAM ROAD 16-522  
**City-St-Zip:** MELBOURNE, FL 32935

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:** TERRI A. LUBNIEWSKI

MGRM

05/23/2010

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