

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104923

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** DREAM 2 LIVE WHOLESALERS, LLC

**Current Principal Place of Business:**

13194 US HIGHWAY 301 S  
SUITE 171  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

13194 US HIGHWAY 301 S  
SUITE 171  
RIVERVIEW, FL 33569

**New Mailing Address:**

**FEI Number:** 27-3545768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SISTRUNK, GREGORY W  
12636 LONGCREST DRIVE  
RIVERVIEW, FL 33579 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:** SISTRUNK, GREGORY W  
**Address:** 12636 LONGCREST DRIVE  
**City-St-Zip:** RIVERVIEW, FL 33578

**Title:** MGRM  
**Name:** STARKS, MELANIE V  
**Address:** 1501 E NAVAJO AVE  
**City-St-Zip:** TAMPA, FL 33612

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:** GREGORY W. SISTRUNK

PRES

02/03/2011

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