

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000106443

Entity Name: STORYDREAMZ, L.L.C.

**FILED**  
**Sep 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1241 SW 87TH WAY  
PEMBROKE PINES, FL 33025 US

**New Principal Place of Business:**

**Current Mailing Address:**

1241 SW 87TH WAY  
PEMBROKE PINES, FL 33025 US

**New Mailing Address:**

FEI Number: 45-3549139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RODRIGUEZ, JOHN M  
7600 W 20TH AVE  
STE 220  
HIALEAH, FL 33016 US

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

RSV TAX & ACCOUNTING SERVICES INC  
385 W 49 ST  
HIALEAH, FL 33012 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: JUAN REY

09/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SILVA, FELIPE D  
Address: 1241 SW 87TH WAY  
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: FELIPE SILVA

MGR

09/20/2012

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