

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000004123

**Entity Name:** I DREAM OF WHISKERS LLC

**Current Principal Place of Business:**

330 COLLINS STREET  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

330 COLLINS STREET  
ORMOND BEACH, FL 32174 US

**FEI Number:** 85-0774492

**Certificate of Status Desired:** No

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

COX, EVA  
330 COLLINS STREET  
ORMOND BEACH, FL 32174 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

**Officer/Director Detail :**

Title P  
Name COX, EVA  
Address 330 COLLINS STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER  
Name CHERYL, BERNSON  
Address 330 COLLINS STREET  
City-State-Zip: ORMOND BEACH FL 32174

Title MANAGING DIRECTOR  
Name COX, JOHN  
Address 330 COLLINS STREET  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EVA COX

**PRESIDENT**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date