

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000066534

**Entity Name:** MOUNTAIN DREAM ESTATES, LLC

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 US

**FEI Number:** 20-3164158

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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

**Authorized Person(s) Detail :**

Title MGRM  
Name CENTURION MANAGEMENT SERVICES LTD  
Address NERINE CHAMBERS, PO BOX 905  
City-State-Zip: ROAD TOWN, TORTOLA, BVI XX XX

Title MGRM  
Name THE ARGYLL TRUST COMPANY  
Address HUNKINS PLAZA, PO BOX 556, MAIN STREET  
City-State-Zip: CHARLESTON, NEVIS XX XX

Title MGR  
Name GARCIA, ANTONIO  
Address 2121 PONCE DE LEON BLVD, SUITE 1050  
City-State-Zip: CORAL GABLES FL 33134

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTONIO GARCIA

**MGR**

**02/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date