

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000098841

**Entity Name:** DREAM MAKER INVESTMENTS, LLC

**Current Principal Place of Business:**

401 NW 23RD AVE.  
FT. LAUDERDALE, FL 33311

**Current Mailing Address:**

PO BOX 14611  
FORT LAUDERDALE, FL 33302

**FEI Number:** 75-3226046

**Certificate of Status Desired:** No

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

SHARPE, LEON EESQUIRE  
4770 BISCAYNE BLVD., SUITE 970  
MIAMI, FL 33137 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 SHULER, DIANNE D  
Address 401 NW 23 AVE  
City-State-Zip: FT. LAUDERDALE FL 33311

Title MGRM  
Name WOODS, SHARON K  
Address 409 NW 23RD AVE.  
City-State-Zip: FT. LAUDERDALE FL 33311

*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:** DIANNE DELYONS SHULER

**MANAGER**

**04/29/2014**

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

\_\_\_\_\_  
Date