

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000065733

**Entity Name:** ELEVEN DREAM, LLC

**Current Principal Place of Business:**

1190 S. LEJEUNE ROAD  
MIAMI, FL 33134

**Current Mailing Address:**

C/O NELSON A. RODRIGUEZ-VARELA, P.A.  
1190 S. LEJEUNE ROAD  
MIAMI, FL 33134

**FEI Number:** 14-2003440

**Certificate of Status Desired:** No

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

NELSON A. RODRIGUEZ-VARELA, P.A.  
1190 S. LEJEUNE ROAD  
MIAMI, 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	MGR	Title	MGR
Name	RONDON MENDEZ, OSCAR	Name	FERNANDEZ MARTINEZ, SOFIA L
Address	C/O NELSON A. RODRIGUEZ-VARELA, P.A. 1190 S. LEJEUNE ROAD	Address	C/O NELSON A. RODRIGUEZ-VARELA, P.A. 1190 S. LEJEUNE ROAD
City-State-Zip:	MIAMI FL 33134	City-State-Zip:	MIAMI 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:** RONDON MENDEZ, OSCAR

MGR

01/15/2019

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

\_\_\_\_\_  
Date