

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000069544

**FILED**  
**May 23, 2014**  
**Secretary of State**  
**CC4165968558**

**Entity Name:** MALIBU DREAMS, LLC

**Current Principal Place of Business:**

15281 WILSHIRE CIR. S  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

15281 WILSHIRE CIR. S  
PEMBROKE PINES, FL 33027 US

**FEI Number:** 46-0522932

**Certificate of Status Desired:** No

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

JOSE A. VILLAR CPA, P.A.  
231 ALTARA AVENUE  
CORAL GABLES, FL 33146 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 CRESPO, FLAVIO A  
Address 15281 WILSHIRE CIR. S  
City-State-Zip: PEMBROKE PINES FL 33027

Title MANAGER  
Name ALBERTO, CRESPO E  
Address 15281 WILSHIRE CIR. S  
City-State-Zip: PEMBROKE PINES FL 33027

Title AUTHORIZED REPRESENTATIVE  
Name FERRO DE CRESPO, ANA MARIA  
Address 15281 WILSHIRE CIR. S  
City-State-Zip: PEMBROKE PINES FL 33027

*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:** FLAVIO A CRESPO

**MANAGER**

**05/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date